

DATE : 09/14/98

U.S. EPA REGION 6

PAGE: 37

RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (R6 CAPS)

SUMMARY SCORING REPORT

FACILITY NAME : DRESSER INDUSTRIES
EPA ID : TXD030171979
LOCATION : 3400 W ILLINOIS AVE
DALLAS, DALLAS, TX 75211
Modified on : 09/11/98

INDIVIDUAL UNIT MIGRATION SCORE

Unit Name	GW Score	SW Score	Air Score	On-Site Score	Total
WASTE OIL STORAGE TANK (FN.03)	92.49	27.22	71.59	0.79	60.04
CONTAINER STORAGE AREA (FN 04)	9.25	4.44	23.86	0.79	12.99
CONTAINER STORAGE AREA (FN 05)	37.28	28.19	71.59	79.01	58.21

OVERALL FACILITY MIGRATION SCORE

139.02	59.86	167.05	80.59	131.25
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FACILITY RCRA R6 CAPS SCORE

RFI Units and AOC Score : 0

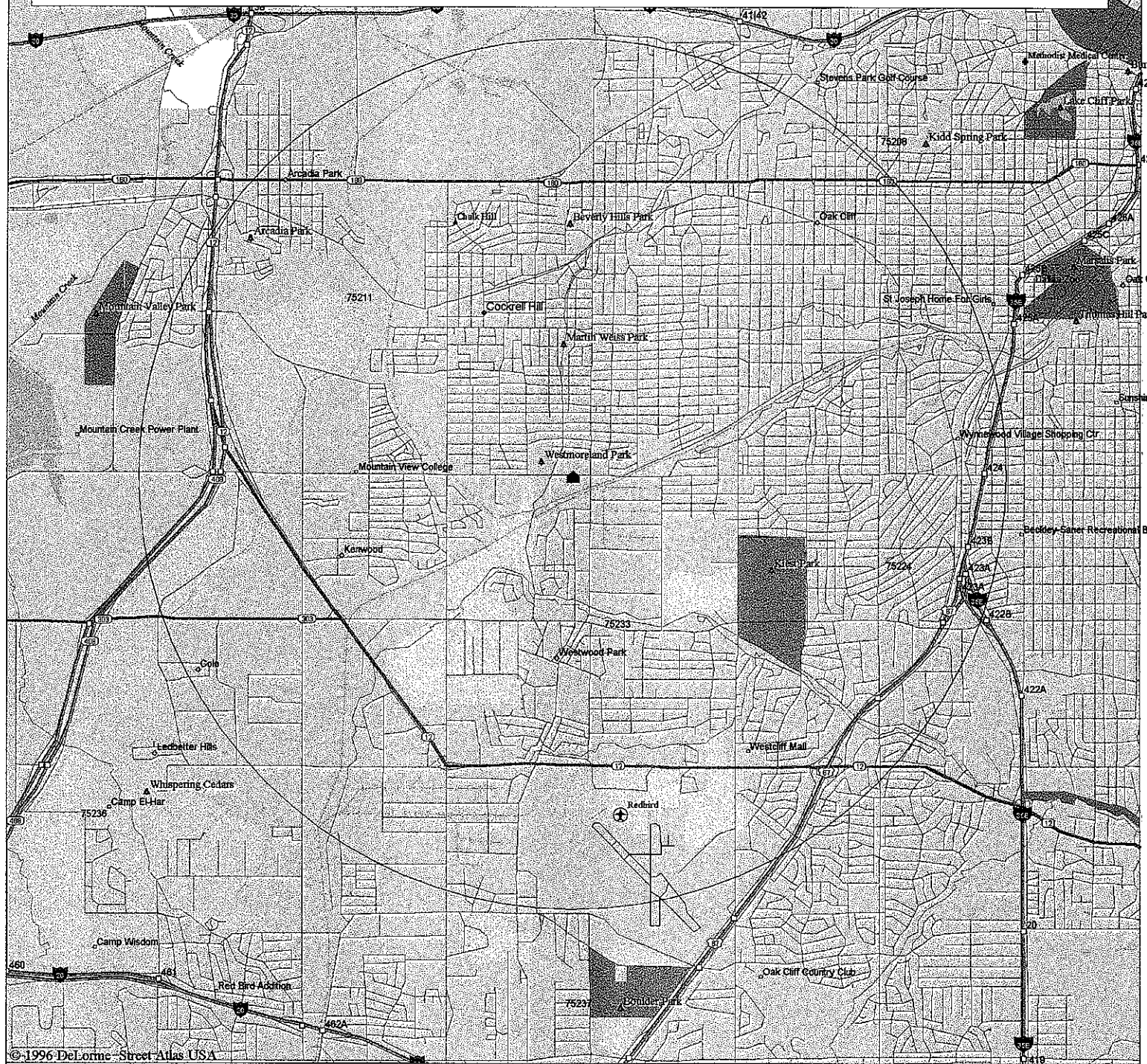
TOTAL RCRA R6 CAPS SCORE : 119.32

COMMENTS:

NOTES: * = Observed release to media.

Score of "-1" = missing data

Dresser Industries



Mag 13.00

Mon Feb 23 13:36 1998

Scale 1:62,500 (at center)

1 Miles

2 KM

- | | |
|-----------------------------|---------------------|
| — Local Road | ⛶ Hospital |
| — State Route | 🌲 Park/Reservation |
| — Interstate/Limited Access | 📍 Locale |
| — Railroad | ✈️ Public Airport |
| □ Point of Interest | 🚪 Exit |
| ◆ Small Town | ⚰ Cemetery |
| — Airfield | 🏘 Population Center |
| ▲ Summit | 💧 Water |

Keyword Search Report
TEXAS NATURAL RESOURCE CONSERVATION COM

DATE: 11/03/1997

INFO. TYPE	DEPARTMENT	RECORD SERIES ID & TITLE	INFORMATION ID & TITLE
FILE	IHW	ISW -000030929 INDUSTRIAL SOLID WASTE DRESSER INDUSTRIES, INC.	ISW -000030929-CO VOL: 001 CORRESPONDENCE 1985 -

FILE	IHW	ISW -000030929 INDUSTRIAL SOLID WASTE DRESSER INDUSTRIES, INC.	ISW -000030929-IN VOL: 001 INSPECTION REPORTS 1985 -
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EOR

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119.32

TNRC

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

DATA ENTRY WORK SHEETS

Scored By

Organization

Date

: Tina Alvarado
: TechLaw, Inc
: October 22, 1997
: TNRC Review 11-3-97

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-1
FACILITY GENERAL INFORMATION - DATA ENTRY
Sheet 1 of 2

A-1. Facility ID No. : TXD030171979

A-2. Facility Name : Dresser Industries

A-3. Street Address : 3400 W. Illinois Avenue

City : Dallas State: TX Zip: 75211

County : Dallas

Latitude : _____ " Longitude: _____ "

A-4. Facility Type : Manufactures drill bits for petroleum mining
(Primary Business) SIC 3533 operation

A-5. Year Started: 6-1-92 A-6. Hazardous Waste Site Size : ~0.8
(acres)

A-7. Commercial Hazardous Waste Facility? (Yes/No) : N

A-8. Receives Wastes Generated Off-Site? (Yes/No) : N

A-9. Receives Wastes Generated On-Site? (Yes/No) : Yes

A-10. Have There Been Any Public Complaints? (Yes/No): N

**U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)**

TABLE A-1

FACILITY GENERAL INFORMATION - DATA ENTRY

Sheet 2 of 2

A-11. Enforcement Actions:

	Dates:	By:	Description:	Class	Area
1.	<u>8/1/84</u>	<u>State (TX)</u>	<u>M/V NOV issued</u>	<u>3</u>	<u>OT</u>
2.	<u>8/1/84</u>	<u>TX</u>	<u>Violation - CLO</u>		
3.	<u>8/1/84</u>	<u>TX</u>	<u>Violation - OTH</u>		

**A-12. Environmental Permits:
(RCRA, NPDES, or other)**

1.	<u>TX Dept of Water Reg.</u>	2.	_____
	<u>Solid Waste permit</u>		
3.	_____	4.	_____
5.	_____	6.	_____

A-13. Resources Used for Scoring:

Source	(Yes/No)	Date:
RFA:	_____	_____
PA :	_____	_____
Part B:	_____	_____
Part A:	_____	_____

Other (name): CET Date: 11-8-96

A-14. Total Number of SWMUs and AOCs:

5

A-15. Total Number of RCRA Land Disposal Units:

0

A-16. Comments : _____

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-2

FACILITY SCORING INFORMATION - COMMON INFORMATION - DATA ENTRY

Sheet 1 of 2

A-17. Is the facility less than 500 acres?:
(i.e. less than 1/2-mile radius)

Yes

A-18. Total number of SWMUs and AOC for RFI:

0

A-19. Number of SWMUs Score:

3

A-20. Mean Annual Temperature (°F):
(if unknown, use database)

66

A-21. Net Precipitation:
(select one)

2

- 1 = < -10 inches
- 2 = -10 to 5 inches
- 3 = >5 to 15 inches
- 4 = >15 inches

3590
~~918~~

A-22. Annual Precipitation (inches):
(if unknown, use database)

A-23. 100-Year 24-hour rainfall:
(if unknown, use database)

2

- 1 = <5 inches
- 2 = 5 to 10 inches
- 3 = >10 to 15 inches
- 4 = >15 inches

A-24. Depth to Aquifer:
(select one)

2

- 1 = 0 to 10 feet
- 2 = >10 to 75 feet
- 3 = >75 to 150 feet
- 4 = >150 feet

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-2

FACILITY SCORING INFORMATION - COMMON INFORMATION - DATA ENTRY
Sheet 2 of 2

A-25. Sole Source Aquifer (Yes/No):
(if unknown, use database)

No

A-26. Geologic Material Above Aquifer:
(If depth to aquifer is <10 feet, assign 4.)

3

(Select lowest possible value.)

- 1 = Hydraulic conductivity $< 10^{-7}$ cm/sec ($< 1.4 \times 10^{-3}$ inches/hour)
Clay; low-permeability till (compact, unfractured till); shale; unfractured metamorphic and igneous rocks
- 2 = Hydraulic conductivity = 10^{-5} to 10^{-7} cm/sec. (1.4×10^{-1} to 1.4×10^{-3} inches/hour)
Silt; loesses; silty clays; sediments that are predominantly silts; moderately-permeable till (fine-grained, unconsolidated till, or compact till with some fractures); low-permeability limestones and dolomites (no karst); low-permeability sandstone; low-permeability fractured igneous and metamorphic rocks
- 3 = Hydraulic conductivity = 10^{-3} to 10^{-5} cm/sec. (14.7 to 1.4×10^{-1} inches/hour)
Sands; sandy silts; sediments that are predominantly sand; highly-permeable till (coarse-grained, unconsolidated, or compact and highly fractured); peat; moderately-permeable limestone and dolomites (no karst); moderately-permeable sandstone; moderately-permeable fractured igneous and metamorphic rocks
- 4 = Hydraulic conductivity $> 10^{-3}$ cm/sec. (> 14.7 inches/hour)
Gravel; clean sand; highly-permeable fractured igneous and metamorphic rocks; permeable basalt; karst limestones and dolomites

A-27. Ground-water use:
(Select lowest possible value.)

6

- 1 = Drinking
- 2 = Possible Drinking
- 3 = Agriculture or Livestock
- 4 = Commercial Food Preparation
- 5 = Commercial or Industrial Use (other than food preparation)
- 6 = Usable but not used
- 7 = Unusable

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-3

FACILITY SCORING INFORMATION - SWMU INFORMATION - DATA ENTRY

Sheet 1 of 5

A-28. Name of SWMU: Waste Oil Storage Tank (FN.03)

A-29. SWMU Type:
(Select one that best fits the description.)

- 1 = Surface impoundment, landfarm, land treatment, open tanks, chemical waste pile
2 = Landfill, aboveground containers, closed tanks, contaminated soil, burn pit
3 = Below-ground tanks, buried containers
4 = Trash pile
5 = Others

A-30. Waste Quantity:
(Select one.)

- 1 = <10 cu yds or tons; <40 drums; <2,000 gallons; or <15 sq yds
2 = >10 to 100 cu yds or tons; >40 to 400 drums; >2,000 to 20,000 gallons; or >15 to 150 sq yds
3 = >100 to 1,000 cu yds or tons; >400 to 4,000 drums; >20,000 to 200,000 gallons; or >150 to 1,500 sq yds
4 = >1,000 cu yds or tons; >4,000 drums; >200,000 gallons; or >1,500 sq yds

A-31. Is there an observed release to ground water? (Yes/No/Possible):

A-32. Is there an observed release to surface water? (Yes/No/Possible):

A-33. Is there an observed release to air? (Yes/No/Possible):

A-34. Is there an observed on-site soil contamination? (Yes/No/Possible):

A-35. Chemicals in the above waste (maximum of five chemicals)

1. Oil
2. _____
3. _____
4. _____
5. _____

2
2
2
2

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-3

FACILITY SCORING INFORMATION - SWMU INFORMATION - DATA ENTRY

Sheet 2 of 5

A-28. Name of SWMU Unit:

Waste Oil Storage Tank (W-03)

A-36. Containment

- a. Are there free liquids in the waste? (Yes/No):
- b. Does the unit have a liner, impervious base, or secondary containment? (Yes/No)
- c. Is there a vegetative or semipermeable (including indoors) cover over the waste? (Yes/No)
- d. Does the unit have a leachate, spill, or leak collection and removal system? (Yes/No)
- e. Is there a run-on/run-off control system? (Yes/No)
- f. Is there an impermeable cover around the waste? (Yes/No)
- g. Is there a gas and particulate collection system? (Yes/No)

Y
N
Y
N
N
Y
N

A-37. Flood Frequency:
(Select one.)

- 1 = SWMU area floods annually
- 2 = SWMU area in 100 year floodplain
- 3 = SWMU area not in floodplain

3

A-38. Upgradient Drainage area:
(on-site and off-site)

- 1 = <50 acres
- 2 = 50 to 500 acres
- 3 = >500 acres

1

A-39. Predominant Land Use Within the Drainage Area:
(Select one.)

- 1 = Residential or Industrial
- 2 = Cultivated land
- 3 = Pasture, Range land, Parks (with good grass cover)
- 4 = Woods and Forests

1

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-3

FACILITY SCORING INFORMATION - SWMU INFORMATION - DATA ENTRY

Sheet 3 of 5

A-28. Name of SWMU: ALL SWMUs

A-40. Accessibility to the SWMU area:
(for off-site population)

- 1 = Inaccessible
- 2 = Limited access
- 3 = Unlimited access

THE QUESTIONS A-41 TO A-50 SHOULD BE ANSWERED FOR EACH SWMU UNIT IF THE FACILITY IS LARGE (GREATER THAN 500 ACRES). FOR SMALL FACILITIES, ANSWER THE FOLLOWING QUESTIONS ONLY ONCE.

A-41. Distance to nearest active drinking water well:
(Select one.)

- 1 = <1/2 mile
- 2 = 1/2 to 1 mile
- 3 = >1 to 3 miles
- 4 = >3 miles

A-42. Distance to Surface Water:
(Select one.)

- 1 = <1/4 mile
- 2 = 1/4 to 1 mile
- 3 = >1 to 2 miles
- 4 = >2 miles

A-43. Distance to nearest surface water intake or contact point:
(Select one.)

- 1 = <1/2 mile
- 2 = 1/2 to 1 mile
- 3 = >1 to 2 miles
- 4 = >2 to 3 miles
- 5 = >3 miles

A-44. Surface water use within 3 miles:
(Select lowest possible number.)

- 1 = Drinking
- 2 = Fishery
- 3 = Agriculture or Livestock
- 4 = Commercial Food Preparation
- 5 = Recreational
- 6 = Commercial or Industrial (other than food preparation)
- 7 = Not used or unusable

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-3

FACILITY SCORING INFORMATION - SWMU INFORMATION - DATA ENTRY

Sheet 4 of 5

A-28. Name of SWMU Unit: A-15 SWMU

A-45. Surrounding land use:
(Select lowest possible number.)

- 1 = Residential
- 2 = Commercial or Industrial or Institutional
- 3 = Agriculture or Ranch
- 4 = Parks
- 5 = Forests

A-46. Off-site population within 1-mile radius:
(Select one.)

- 1 = 0
- 2 = 1 to 100
- 3 = 101 to 1,000
- 4 = 1,001 to 3,000
- 5 = 3,001 to 10,000
- 6 = 10,001 to 25,000
- 7 = >25,000

A-47. Off-site population within 3-mile radius:
(Select one.)

- 1 = 0
- 2 = 1 to 100
- 3 = 101 to 1,000
- 4 = 1,001 to 3,000
- 5 = 3,001 to 10,000
- 6 = 10,001 to 25,000
- 7 = >25,000

A-48. Sensitive environment within 1-mile radius:
(Select lowest possible number.)

- 1 = Habitat for endangered or threatened species; marine sanctuary; national park; wilderness area; national recreational area
- 2 = Habitat known to be used by endangered or threatened species; national preserve; wetlands; wildlife refuge; coastal barrier; river systems critical for maintenance of fish species
- 3 = Scenic or wild river; designated wildlife or game management; designated areas for protection or maintenance of aquatic life
- 4 = None

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-3

FACILITY SCORING INFORMATION - SWMU INFORMATION - DATA ENTRY

Sheet 5 of 5

A-28. Name of SWMU Unit: _____

A-49. Sensitive environment within 3-mile radius:
(Select lowest possible number.)

2

- 1 = Habitat for endangered or threatened species; marine sanctuary; national park; wilderness area; national recreational area
- 2 = Habitat known to be used by endangered or threatened species; national preserve; wetlands; wildlife refuge; coastal barrier; river systems critical for maintenance of fish species
- 3 = Scenic or wild river; designated wildlife or game management; designated areas for protection or maintenance of aquatic life
- 4 = None

A-50. Distance to nearest sensitive environment of off-site population:
(Select one.)

3

- 1 = <1/2 mile
- 2 = 1/2 to 1 mile
- 3 = >1 to 3 miles
- 4 = >3 miles

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-3

FACILITY SCORING INFORMATION - SWMU INFORMATION - DATA ENTRY

Sheet 1 of 5

A-28. Name of SWMU: Container Storage Area (FN 04)

A-29. SWMU Type:
(Select one that best fits the description.) 2

- 1 = Surface impoundment, landfarm, land treatment, open tanks, chemical waste pile
- 2 = Landfill, aboveground containers, closed tanks, contaminated soil, burn pit
- 3 = Below-ground tanks, buried containers
- 4 = Trash pile
- 5 = Others

A-30. Waste Quantity:
(Select one.)

- 1 = <10 cu yds or tons; <40 drums; <2,000 gallons; or <15 sq yds
- 2 = >10 to 100 cu yds or tons; >40 to 400 drums; >2,000 to 20,000 gallons; or >15 to 150 sq yds
- 3 = >100 to 1,000 cu yds or tons; >400 to 4,000 drums; >20,000 to 200,000 gallons; or >150 to 1,500 sq yds
- 4 = >1,000 cu yds or tons; >4,000 drums; >200,000 gallons; or >1,500 sq yds

A-31. Is there an observed release to ground water? (Yes/No/Possible):

A-32. Is there an observed release to surface water? (Yes/No/Possible):

A-33. Is there an observed release to air? (Yes/No/Possible):

A-34. Is there an observed on-site soil contamination? (Yes/No/Possible):

A-35. Chemicals in the above waste (maximum of five chemicals)

1. Trichloroethane
2. Tetrachloroethane
3. Toluene
4. Doo 1
5. Mineral Spirits

estimated 2

2
2
2
2

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-3

FACILITY SCORING INFORMATION - SWMU INFORMATION - DATA ENTRY

Sheet 2 of 5

A-28. Name of SWMU Unit:

Contaminated Storage Area (FNU4)

A-36. Containment

- a. Are there free liquids in the waste? (Yes/No):
- b. Does the unit have a liner, impervious base, or secondary containment? (Yes/No)
- c. Is there a vegetative or semipermeable (including indoors) cover over the waste? (Yes/No)
- d. Does the unit have a leachate, spill, or leak collection and removal system? (Yes/No)
- e. Is there a run-on/run-off control system? (Yes/No)
- f. Is there an impermeable cover around the waste? (Yes/No)
- g. Is there a gas and particulate collection system? (Yes/No)

Yes

No

A-37. Flood Frequency:
(Select one.)

- 1 = SWMU area floods annually
- 2 = SWMU area in 100 year floodplain
- 3 = SWMU area not in floodplain

3

A-38. Upgradient Drainage area:
(on-site and off-site)

- 1 = <50 acres
- 2 = 50 to 500 acres
- 3 = >500 acres

1

A-39. Predominant Land Use Within the Drainage Area:
(Select one.)

- 1 = Residential or Industrial
- 2 = Cultivated land
- 3 = Pasture, Range land, Parks (with good grass cover)
- 4 = Woods and Forests

1

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-3

FACILITY SCORING INFORMATION - SWMU INFORMATION - DATA ENTRY

Sheet 3 of 5

A-28. Name of SWMU: Container Storage Area (FNO4)

A-40. Accessibility to the SWMU area:
(for off-site population)

- 1 = Inaccessible
- 2 = Limited access
- 3 = Unlimited access

THE QUESTIONS A-41 TO A-50 SHOULD BE ANSWERED FOR EACH SWMU UNIT IF THE FACILITY IS LARGE (GREATER THAN 500 ACRES). FOR SMALL FACILITIES, ANSWER THE FOLLOWING QUESTIONS ONLY ONCE.

A-41. Distance to nearest active drinking water well:
(Select one.)

- 1 = <1/2 mile
- 2 = 1/2 to 1 mile
- 3 = >1 to 3 miles
- 4 = >3 miles

A-42. Distance to Surface Water:
(Select one.)

- 1 = <1/4 mile
- 2 = 1/4 to 1 mile
- 3 = >1 to 2 miles
- 4 = >2 miles

A-43. Distance to nearest surface water intake or contact point:
(Select one.)

- 1 = <1/2 mile
- 2 = 1/2 to 1 mile
- 3 = >1 to 2 miles
- 4 = >2 to 3 miles
- 5 = >3 miles

A-44. Surface water use within 3 miles:
(Select lowest possible number.)

- 1 = Drinking
- 2 = Fishery
- 3 = Agriculture or Livestock
- 4 = Commercial Food Preparation
- 5 = Recreational
- 6 = Commercial or Industrial (other than food preparation)
- 7 = Not used or unusable

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-3

FACILITY SCORING INFORMATION - SWMU INFORMATION - DATA ENTRY

Sheet 1 of 5

A-28. Name of SWMU: Container Storage Area (FINDS)

A-29. SWMU Type: 2
(Select one that best fits the description.)

- 1 = Surface impoundment, landfarm, land treatment, open tanks, chemical waste pile
- 2 = Landfill, aboveground containers, closed tanks, contaminated soil, burn pit
- 3 = Below-ground tanks, buried containers
- 4 = Trash pile
- 5 = Others

A-30. Waste Quantity: 2
(Select one.)

- 1 = <10 cu yds or tons; <40 drums; <2,000 gallons; or <15 sq yds
- 2 = >10 to 100 cu yds or tons; >40 to 400 drums; >2,000 to 20,000 gallons; or >15 to 150 sq yds
- 3 = >100 to 1,000 cu yds or tons; >400 to 4,000 drums; >20,000 to 200,000 gallons; or >150 to 1,500 sq yds
- 4 = >1,000 cu yds or tons; >4,000 drums; >200,000 gallons; or >1,500 sq yds

A-31. Is there an observed release to ground water? (Yes/No/Possible): P

A-32. Is there an observed release to surface water? (Yes/No/Possible): P

A-33. Is there an observed release to air? (Yes/No/Possible): P

A-34. Is there an observed on-site soil contamination? (Yes/No/Possible): P

A-35. Chemicals in the above waste (maximum of five chemicals)

- 1. Cyanide Contaminated Solids (F007)
- 2. _____
- 3. _____
- 4. _____
- 5. _____

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-3

FACILITY SCORING INFORMATION - SWMU INFORMATION - DATA ENTRY

Sheet 2 of 5

A-28. Name of SWMU Unit:

Container Storage Area (F405)

A-36. Containment

- a. Are there free liquids in the waste? (Yes/No): Yes
- b. Does the unit have a liner, impervious base, or secondary containment? (Yes/No)
- c. Is there a vegetative or semipermeable (including indoors) cover over the waste? (Yes/No)
- d. Does the unit have a leachate, spill, or leak collection and removal system? (Yes/No)
- e. Is there a run-on/run-off control system? (Yes/No)
- f. Is there an impermeable cover around the waste? (Yes/No)
- g. Is there a gas and particulate collection system? (Yes/No) No.

A-37. Flood Frequency:
(Select one.)

- 1 = SWMU area floods annually
2 = SWMU area in 100 year floodplain
3 = SWMU area not in floodplain

3

A-38. Upgradient Drainage area:
(on-site and off-site)

- 1 = <50 acres
2 = 50 to 500 acres
3 = >500 acres

1

A-39. Predominant Land Use Within the Drainage Area:
(Select one.)

- 1 = Residential or Industrial
2 = Cultivated land
3 = Pasture, Range land, Parks (with good grass cover)
4 = Woods and Forests

1

U.S. EPA - REGION VI
RCRA CORRECTIVE ACTION PRIORITIZATION SYSTEM (RCRA CAPS)

TABLE A-3

FACILITY SCORING INFORMATION - SWMU INFORMATION - DATA ENTRY

Sheet 3 of 5

A-28. Name of SWMU: Container Storage Area (M05)

A-40. Accessibility to the SWMU area:
(for off-site population)

- 1 = Inaccessible
- 2 = Limited access
- 3 = Unlimited access

THE QUESTIONS A-41 TO A-50 SHOULD BE ANSWERED FOR EACH SWMU UNIT IF THE FACILITY IS LARGE (GREATER THAN 500 ACRES). FOR SMALL FACILITIES, ANSWER THE FOLLOWING QUESTIONS ONLY ONCE.

A-41. Distance to nearest active drinking water well:
(Select one.)

- 1 = <1/2 mile
- 2 = 1/2 to 1 mile
- 3 = >1 to 3 miles
- 4 = >3 miles

A-42. Distance to Surface Water:
(Select one.)

- 1 = <1/4 mile
- 2 = 1/4 to 1 mile
- 3 = >1 to 2 miles
- 4 = >2 miles

A-43. Distance to nearest surface water intake or contact point:
(Select one.)

- 1 = <1/2 mile
- 2 = 1/2 to 1 mile
- 3 = >1 to 2 miles
- 4 = >2 to 3 miles
- 5 = >3 miles

A-44. Surface water use within 3 miles:
(Select lowest possible number.)

- 1 = Drinking
- 2 = Fishery
- 3 = Agriculture or Livestock
- 4 = Commercial Food Preparation
- 5 = Recreational
- 6 = Commercial or Industrial (other than food preparation)
- 7 = Not used or unusable

WASTE MINIMIZATION PLAN
SECURITY DIVISION, DRESSER INDUSTRIES
3400 W. ILLINOIS
DALLAS, TEXAS 75211
E.P.A. I.D. NUMBER TXD030171979
REGISTRATION NUMBER 30929

1. WASTE GENERATED:

WASTE NUMBER	DESCRIPTION	CLASS	CODE	DISPOSITION
001	PLANT REFUSE, GENERAL MISC.	II	279760	OFF-SITE
002	OIL, CUTTING, WATER SOLUBLE	I	109710	ON-SITE/OFF-SITE
003	CYANIDE COPPER PLATING WASTES	IH	900240	OFF-SITE
EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS): F007				
004	TRICHLOROETHANE OR TETRACHLORO ETHANE	IH	910200	ON-SITE/OFF-SITE/SOL D FOR RECOVERY
005	TRICHLOROETHYLENE SOLUTENT	IH	911870	ON-SITE/OFF-SITE/SOL D FOR RECOVERY
EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS): F002				
006	COPPER PLATING SOLUTION- COPPER PYROPHOSPHATE	I	103800	OFF-SITE
007	CYANIDE CONTAMINATED SOLIDS	IH	974960	ON-SITE/OFF-SITE
EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS):				
008	WASTEWATER TREATMENT SLUDGE	IH	949000	ON-SITE/OFF-SITE
EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS): F006				
009	PLATING BATH RINSE- COPPER	IH	905270	SANITARY SEWER
EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS):				
010	MINERAL SPIRITS	I	114810	ON-SITE/OFF-SITE/SOL D FOR RECOVERY
011	TOLUENE	IH	910060	ON-SITE/OFF-SITE/SOL D FOR RECOVERY
EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS): F005				
012	PAINT FILTERS	I	181350	ON-SITE/OFF-SITE

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Dresser Industries, Inc., Security Division

Date rec'd: _____	Rec'd by: _____
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XV. GENERATOR'S EPA I.D. NO.

T A C

G	T	X	D	0	3	0	1	7	1	9	7	9	1
1	2										13	14	15

XVI. WASTE MINIMIZATION (narrative description)

Waste Number 002

Oil, Cutting, Water Soluble

Hazard Class: 12

I.D. Number: NA9189

Waste Number: 109710

Production Process:

General Machining

Method of Disposal:

Off-site for disposal in injection well

Waste Minimization Efforts:

Working with coolants to get one that works for a longer period of time.

Volume Reduction:

Working toward recycling of coolant

Yearly Volume:

1983 - 114,425 lbs

1984 - 1,466,560 lbs

1985 - 1,452,212 lbs



Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Dresser Industries, Inc., Security Division

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

TAC

6 T X D 0 3 0 1 7 1 9 7 9 1
1 2 13 14 15

XVI. WASTE MINIMIZATION (narrative description)

Waste Number 003

Cyanide Copper Plating Wastes

Hazard Class: Poison B

I.D. Number: UN1935

Waste Number: 900240 (F007)

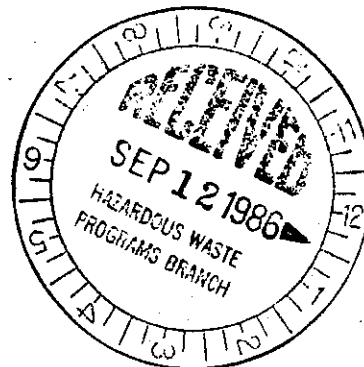
Production Process: Copper plating

Method of Disposal: Off site for pre-treatment if needed before
injection well or incineration

Waste Minimization Efforts: Maintain balance of chemicals and cleanliness
of tanks to prevent having to change solution
so often

Toxicity Reduction: None

Yearly Volume: 1983 - None reported
1984 - 50,980 lbs
1985 - None reported



Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Dresser Industries, Inc., Security Division

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

TAC
GT X D 03 01 71 97 91
1 2 13 14 15

XVI. WASTE MINIMIZATION (narrative description)

Waste Number 004

Trichloroethane or Tetrachloroethane

Hazard Class: 12

I.D. Number: UN2831

Waste Number: 910200 (F001)



Production Process: Cleaning of parts

Method of Disposal: Off-site - sold for recovery

Waste Minimization Efforts: None at this time since this solution is sold for recovery and poses minimal threat to human health and the environment

Toxicity Reduction: None

Yearly Volume: 1983 - None reported

1984 - 55 gallons

1985 - 165 gallons

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Dresser Industries, Inc., Security Division

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

T A C

G	T	X	D	0	3	0	1	7	1	9	7	9	1
1	2									13	14	15	

XVI. WASTE MINIMIZATION (narrative description)

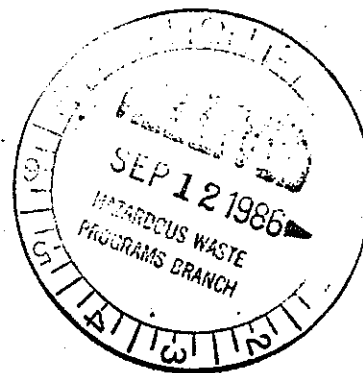
Waste Number 005

Trichloroethylene Solutant

Hazard Class: 12

I.D. Number: UN1710

Waste Number: 911870 (F001)



Production Process: Cleaning of parts prior to and after heat treating

Method of Disposal: Off-site - sold for recovery

Waste Minimization Efforts: None at this time since this solution is sold for recovery and poses minimal threat to human health and the environment

Toxicity Reduction: None

Yearly Volume: 1983 - none reported
1984 - none reported
1985 - none reported

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Dresser Industries, Inc., Security Division

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

T A C
G T X D 0 3 0 1 7 1 9 7 9 1
1 2 13 14 15

XVI. WASTE MINIMIZATION (narrative description)

Waste Number 006

Copper Plating Solution

Copper Pyrophosphate

Hazard Class: T5

I.D. Number: UN1588

Waste Number: 103800

Production Process: Copper plating

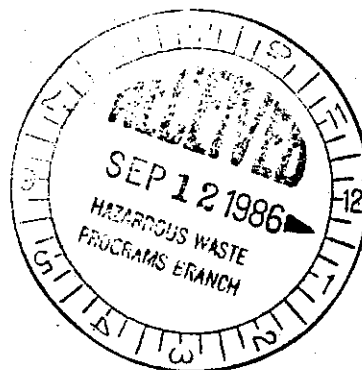
Method of Disposal: Off-site for disposal in injection well

Waste Minimization Efforts: Maintain balance of chemicals and cleanliness of tanks to prevent having to change solution so often.

Yearly Volume: 1983 - none reported

1984 - none reported

1985 - none reported



Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Dresser Industries, Inc., Security Division

Date rec'd: _____	Rec'd by: _____
-------------------	-----------------

XV. GENERATOR'S EPA I.D. NO.

TAC

6	T	X	D	0	3	0	1	7	1	9	7	9	1
1	2										13	14	15

XVI. WASTE MINIMIZATION (narrative description)

Waste Number 007

Cyanide Contaminated Solids

Hazard Class: Poison B

I.D. Number: UN1689

Waste Number: 974960 (F007)

Production Process: Copper Plating

Method of Disposal: Off-site - incineration

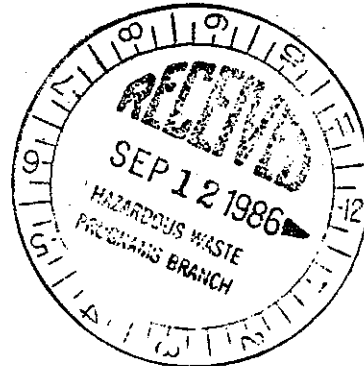
Waste Minimization Efforts: Wash exhaust duct on a regular basis to prevent solids build up. Wash water is sent through waste treater before entering sanitary sewer.

Toxicity Reduction: None

Yearly Volume: 1983 - none reported

1984 - 1200 lbs

1985 - 680 lbs



Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Dresser Industries, Inc., Security Division

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

T A C

6	T	X	D	0	3	0	1	7	1	9	7	9	1
1	2									13	14	15	

XVI. WASTE MINIMIZATION (narrative description)

Waste Number 008

Wastewater Treatment Sludge

Hazard Class: Poison B

I.D. Number: UN1588

Waste Number: 949000 (F008)

Production Process: Copper Plating

Method of Disposal: Off-site - landfill

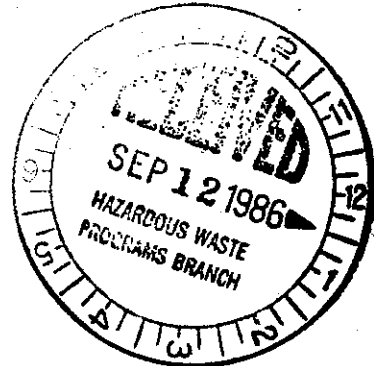
Waste Minimization Efforts: Maintain balance of chemicals to prevent excess solids. Installed new waste treater in 1985 in order to meet or exceed allowable limits for landfill of this waste.

Toxicity Reduction: None

Yearly Volume: 1983 - none reported

1984 - none reported

1985 - none reported



Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Dresser Industries, Inc., Security Division

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

T A C

GT X D 03 01 71 97 91
1 2 13 14 15

XVI. WASTE MINIMIZATION (narrative description)

Waste Number 009

Plating Bath Rinse - copper

Waste Number: 905270

Production Process:

Copper plating

Method of Disposal:

Sanitary sewer

Waste Minimization Efforts:

No method of disposal more effective than on-site treatment of rinse water. New waste treater installed in 1985 to meet or exceed allowable limits for discharge into sanitary sewer.

Toxicity Reduction:

None

Yearly Volume:

1983 - none reported

1984 - none reported

1985 - 5,002,269 gallons



Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

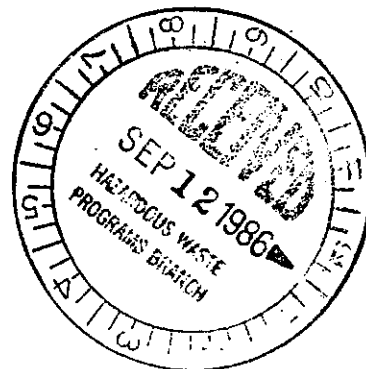
This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Dresser Industries, Inc., Security Division

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

T A C
G T X D 0 3 0 1 7 1 9 7 9 1
1 2 13 14 15



XVI. WASTE MINIMIZATION (narrative description)

Waste Number 010

Mineral Spirits

Hazard Class: Combustable Liquid

I.D. Number: UN1256

Waste Number: 114810 (D001 - F002)

Production Process: Cleaning of parts

Method of Disposal: Off-site - blend for supplemental fuel

Waste Minimization Efforts: None at this time since this solution is blended for supplemental fuel and poses minimal threat to human health and the environment.

Yearly Volume: 1983 - none reported

1984 - 3,150 lbs

1985 - 10,500 lbs

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Dresser Industries, Inc., Security Division

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

T A C

6 1 X D 0 3 0 1 7 1 9 7 9 1
1 2 13 14 15

XVI. WASTE MINIMIZATION (narrative description)

Waste Number 011

Toluene

Hazard Class: Flammable Liquid

I.D. Number: UN1294

Waste Number: 910060 (F005)

Production Process: Painting - cleaning of paint equipment
and paint reduction

Method of Disposal: Off-site - blend for supplemental fuel

Waste Minimization Efforts: None at this time since this solution
is blended for supplemental fuel and
poses minimal threat to human health
and the environment.

Toxicity Reduction: None

Yearly Volume: 1983 - none reported
1984 - none reported
1985 - 1,815 lbs



Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Dresser Industries, Inc., Security Division

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

T A C

G	T	X	D	0	3	0	1	7	1	9	7	9	1
1	2									13	14	15	

XVI. WASTE MINIMIZATION (narrative description)

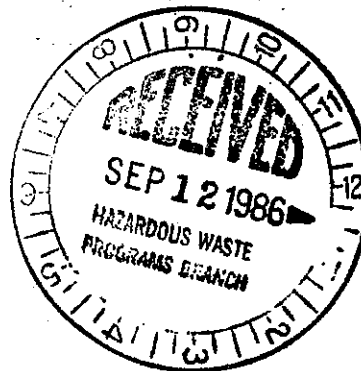
Waste Number 012

Paint Filters

Hazard Class: Flammable Solid

I.D. Number: UN1325

Waste Number: 181350 (D001)



Production Process: Painting

Method of Disposal: Off-site - landfill

Waste Minimization Efforts: No known method of reduction of this waste

Yearly Volume:

1983	- none reported
1984	- 2,100 lbs
1985	- 15,840 lbs



PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

COMMENTS

F

000180

[illegible]

STREET OR P.O. BOX

CITY OR TOWN															ST.		ZIP CODE						
C	4	D	A	L	L	A	S										T	X	7	5	2	2	4
15	16															40	41	42	47			51	

STREET OR ROUTE NUMBER

CITY OR TOWN															ST.		ZIP CODE					
C	D	A	L	L	A	S										T	X	7	5	2	2	4

NAME AND TITLE (last, first, & job title)

13	16
V. OWNERSHIP	

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es)).

☐ B. TRANSPORTATION (complete item VII)
58
☐ C. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

☐ 61. **A. AIR** ☐ 62. **B. RAIL** ☐ 63. **C. HIGHWAY** ☐ 64. **D. WATER** ☐ 65. **E. OTHER (specify):**

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ **A. FIRST NOTIFICATION** ☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

[illegible]

W	T	X	D	0	3	0	1	7	1	9	7	9	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 00 1 23 - 26	2 F 00 6 23 - 26	3 E 00 7 23 - 26	4 F 00 8 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



ROBERT W. BEVINS - MGR. SAFETY

8/11/80

TEXAS DEPARTMENT OF WATER RESOURCES
1700 N. Congress Avenue
Austin, Texas

Marelee
(Changes in Act.)

16 Copies

TEXAS WATER DEVELOPMENT BOARD

Louis A. Beecherl, Jr., Chairman
George W. McCleskey, Vice Chairman
Glen E. Roney
W. O. Bankston
Lonnie A. "Bo" Pilgrim
Louie Welch



Harvey Davis
Executive Director

TEXAS WATER COMMISSION

Lee B. M. Biggart, Chairman
Felix McDonald
John D. Stover

October 13, 1982



U. S. Environmental Protection Agency
Region VI - 6AW-HE
First International Bank Bldg.
1201 Elm Street
Dallas, Texas 75270

Attn: Ms. Linda Thompson

Gentlemen:

RE: Hazardous Waste Management Program

Enclosed are copies of correspondence received by the Texas Department of Water Resources from persons who have previously notified your Agency of hazardous waste activities. The correspondence reflects changes to information supplied to you via submittal of the initial EPA 8700-12 form. Future correspondence with regard to this area of concern, which is received by the TDWR, will be transmitted on a monthly basis.

If you have any questions regarding the above or enclosed, please feel free to contact me at AC512/475-2041.

Sincerely,

Minor Brooks Hibbs

Minor Brooks Hibbs, Head
Waste Disposition Control Unit
Solid Waste Section

MBH:jb
Enclosures

TXD	09	939	3589
TXD	05	852	4766
TXD	08	779	0414
TXD	03	017	1979
TXD	99	070	9818
TXD	98	062	8051
TXD	07	315	4126
TXD	06	806	7252
TXD	00	530	6810
TXD	00	801	7767
TXD	05	320	0100

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FTXD030171979 3D	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production; inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in-situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP P & M MANUFACTURING DIV, ILLINOIS AVE PLANT

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2 B. E. VINS, ROBERT, MGR. SAFETY		7.1.3 9.7.2 2.0.2.6	

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	
3 601 JEFFERSON	
B. CITY OR TOWN	C. STATE D. ZIP CODE
4 H.O.U.S.T.O.N.	T X 7.7.0.0.2

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		NOV 19 1980
5 3400 W ILLINOIS AVENUE		
B. COUNTY NAME		
DALLAS		
C. CITY OR TOWN		D. STATE E. ZIP CODE F. COUNTY CODE (if known)
6 DALLAS		T X 7.5.2.2.4

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
3	5	3	3 (specify)	7			(specify)
Oilfield Drilling Bits Manufacturing							
C. THIRD				D. FOURTH			
7			(specify)	7			(specify)

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?
DRESSER INDUSTRIES INC.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box, if "Other", specify.)		D. PHONE (area code & no.)
F - FEDERAL S - STATE P - PRIVATE M - PUBLIC (other than federal or state) O - OTHER (specify)		214 746 6000
E. STREET OR P.O. BOX		
P.O. BOX 718		
F. CITY OR TOWN	G. STATE	H. ZIP CODE
DALLAS	TX	75221
		IX. INDIAN LAND
		Is the facility located on Indian lands?
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9 N	TX 001376	9 P	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U		9	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9 R		9	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9. A/50

XII. NATURE OF BUSINESS (provide a brief description)

Machine Shop - Manufactures oilfield rock bits

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
M. S. Nickson, Jr. Vice President		11/19/80

COMMENTS FOR OFFICIAL USE ONLY

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FORM 3 RCRA		 EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION <i>Consolidated Permits Program</i> <small>(This information is required under Section 3005 of RCRA.)</small>		I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 5%;">S</td><td style="width: 5%;">1</td><td style="width: 5%;">2</td><td style="width: 5%;">3</td><td style="width: 5%;">4</td><td style="width: 5%;">5</td><td style="width: 5%;">6</td><td style="width: 5%;">7</td><td style="width: 5%;">8</td><td style="width: 5%;">9</td><td style="width: 5%;">10</td><td style="width: 5%;">11</td><td style="width: 5%;">12</td><td style="width: 5%;">13</td><td style="width: 5%;">14</td><td style="width: 5%;">15</td></tr><tr><td>F</td><td>T</td><td>X</td><td>D</td><td>0</td><td>3</td><td>0</td><td>1</td><td>7</td><td>1</td><td>9</td><td>7</td><td>9</td><td>3</td><td>1</td><td></td><td></td></tr></table>										S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	F	T	X	D	0	3	0	1	7	1	9	7	9	3	1																																													
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II. FIRST OR REVISED APPLICATION																																																																																										
<p>Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.</p>																																																																																										
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<p>B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.</p>																																																																																										
<p>1. AMOUNT – Enter the amount.</p>																																																																																										
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<p>EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.</p>																																																																																										
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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T0") FOR EACH PROCESS ENTERED HERE
INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W T X D O 3 0 1 7 1 9 7 9 3 1													W DUP 2 DUP														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				1. PROCESS CODES (enter)																							
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	F 0 0 1	420.000	P	T 0 3																							
2	F 0 0 6	100,000.000	P	S 0 2																							
A03	F 0 0 7	10,200.000	P	S 0 2																							
A03	F 0 0 8		P	S 0 2																						Included in Line 3 above	
5	F 0 1 0	60.000	P	S 0 2																							
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IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

FTXD03017197936

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: 55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas, and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

32 43 00
06 52 00
65 66 67 68 69 71

LONGITUDE (degrees, minutes, & seconds)

06 52 03
03 24 00
72 74 75 76 77 79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E Dresser Industries, Inc.

214-746-6000

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F 1505 Elm Street

G Dallas

TX

75201

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

M. S. Nickson, Jr.
Vice President

B. SIGNATURE

C. DATE SIGNED

11/19/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

W. ILLINOIS AVENUE

WESTMORELAND AVE.

COOMBS CREEK ROAD

TXD030171977
COOMBS CREEK
PAGE 5 OF 5

Parking

Guard House

Storage

1385'

Office Area

Parking

191'

X ← PLATING WASTES TANKS (3)

Manufacturing Area

Inspection Area

WASTE OIL STORAGE TANKS

XX

X

INCINERATOR

Storage

Santa Fe R.R.

DRESSER
3400 ILLINOIS AVE.
DALLAS, TEXAS

1921

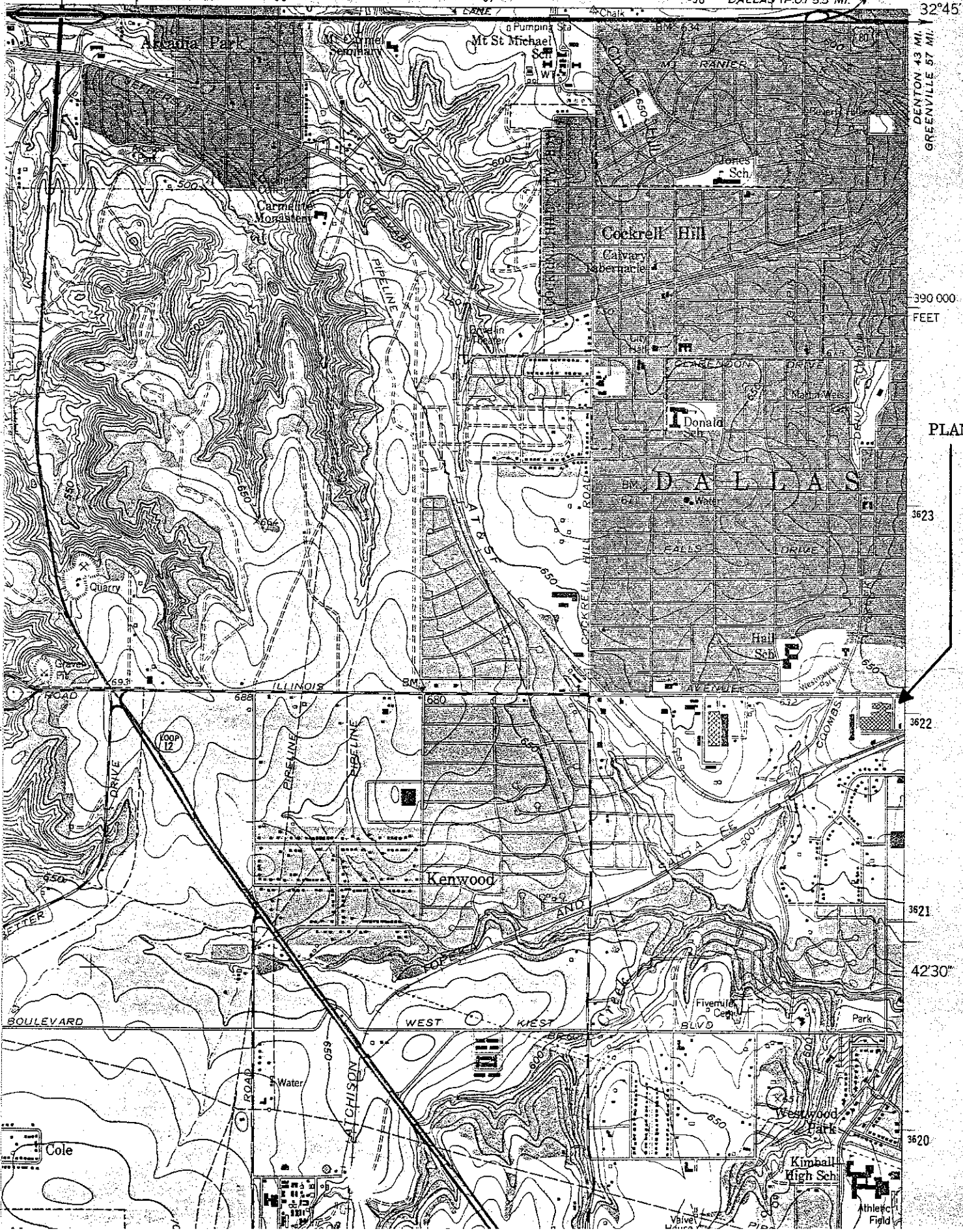
423

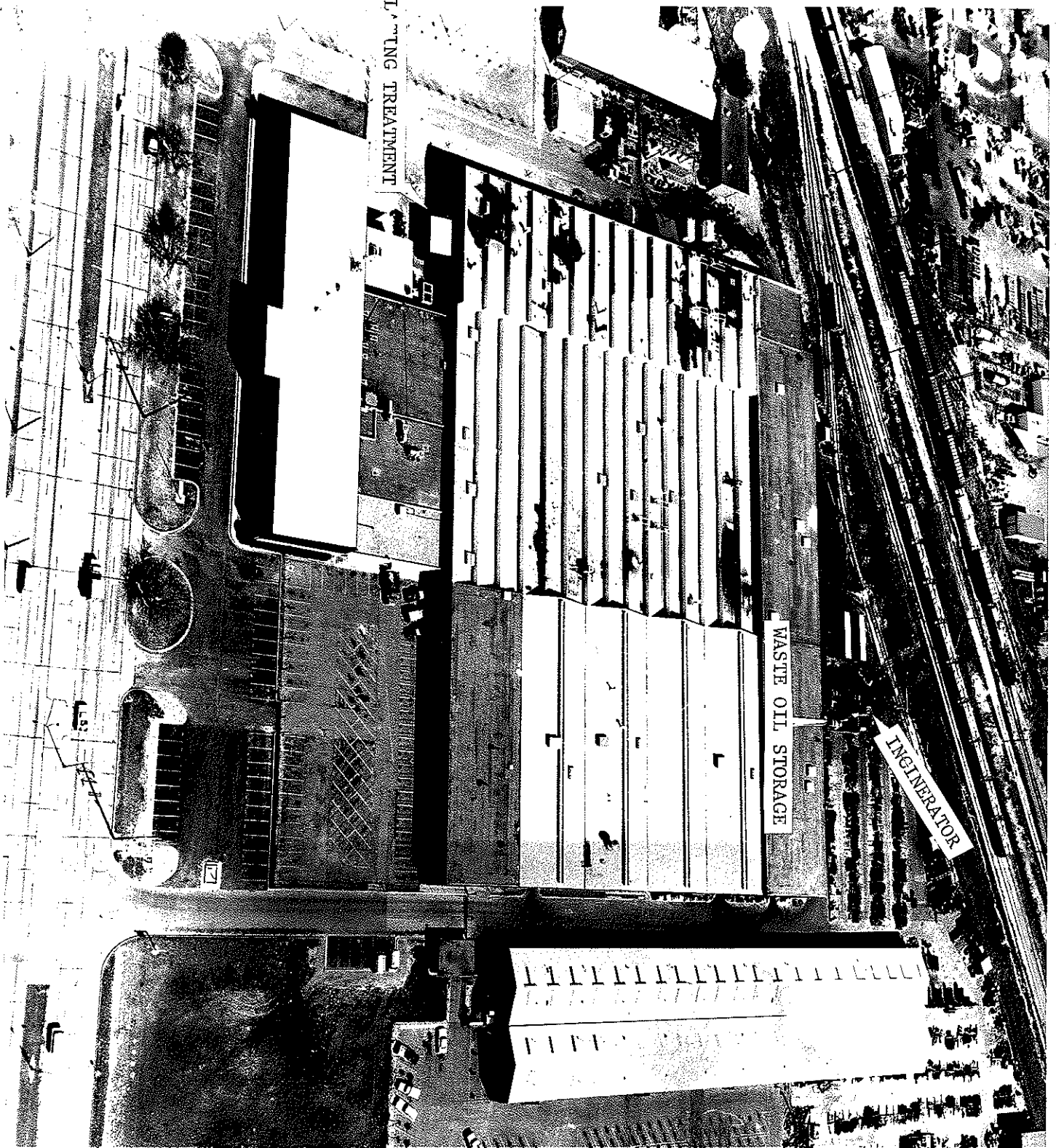
66°14' SE (DALLAS)

DUNCANVILLE QUADRANGLE
TEXAS-DALLAS CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)

NORTH

5.6 MI. 55' 2180 000 FEET 696 697 698 DALLAS (P.O.) 5.5 MI. 96°52'30" 32°45'

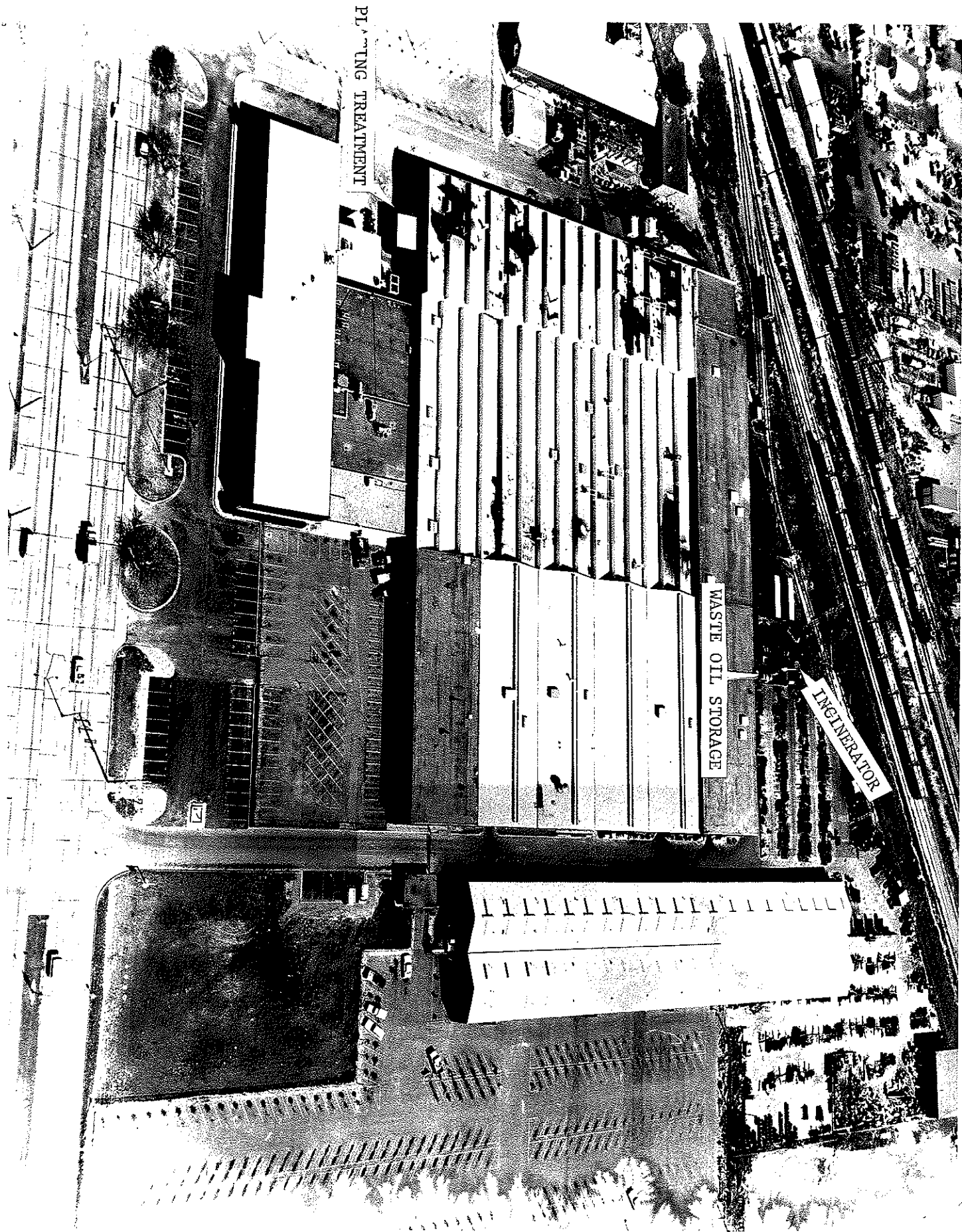




PLANT TREATMENT

WASTE OIL STORAGE

GENERATOR





**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

TXD030171979

INSTALLATION ADDRESS

**DRESSER PEM MANUFACTURING
PO BOX 24647
DALLAS TX 75224**

**3400 W ILLINOIS AVENUE
DALLAS TX 75224**

ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE DATA MANAGEMENT SYSTEM
FACILITY MAINTENANCE FORM

Entered 6/1/82

[illegible]

CARD 56 COLUMN 55 DRAWING INDICATOR

CARD F9 COLUMN 50 MAP INDICATOR

CARD F2 COLUMN 68 RCFA MODIFY CONSTRUCT

CARD F2 COLUMN 70 RCRA NON-REGULATED

CARD 16 COLUMN 56 PHOTOGRAPH INDICATOR

CARD F9 COLUMN 51 NATURE OF BUSINESS

CARD F2 COLUMN 89 RCRA COMMERCIAL



Coded 10/18/82

Keyed 6-26-82

ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE DATA MANAGEMENT SYSTEM
FACILITY MAINTENANCE FORM

DRESSER INDUSTRIES, INC.

12

FACILITY IDENTIFICATION NUMBER													TRANS CODE		CARD NO		NOTIFICATION APPROVAL		DATE NOTIFIED		PERMIT APPLICATION APPROVAL		DATE PART A PERMIT REC'D		NOTIFICATION CONFIDENTIAL PART A CONFIDENTIALITY		CLOSURE DATE																																																																																																						
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CARD F6 COLUMN 56 DRAWING INDICATOR

CARD F9 COLUMN 50 MAP INDICATOR

CARD F2 COLUMN 66 RCRA MODIFY CONSTRUCT

CARD F2 COLUMN 70 RCRA NON REGULATED

CARD F6 COLUMN 56 PHOTOGRAPH INDICATOR

CARD F9 COLUMN 51 NATURE OF BUSINESS

CARD F2 COLUMN 69 RCRA COMMERCIAL

RECORD OF COMMUNICATION

☐ PHONE CALL ☐ DISCUSSION ☐ TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

TO:

Pat Nelson

FROM:

Lee Haze

DATE

2/9/90

TIME

SUBJECT

1801/1804 Clear-up from Duplicate Part A Process Codes

SUMMARY OF COMMUNICATION

I reviewed the file for TXD 017 1979 Oresser Ind

and the correction is as follows:

Remove	TØ3	40.00	E	u	✓
Remove	TØ3	1.00	D	B	✓
Add	TØ3	23.5	D	B	✓

Changes
made
2-9-90

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

Dusser

DATA CHANGES

EPA IDENTIFICATION NUMBER/C101=12												TWC #/C116=6						PREPARER						DATE					
TXD030171979																		A						12-22-87					
Facility Name/C104=40																													
Mailing Address/C106=30																								County/C114=3					
City/C107=25																		ST/C108=2				Zip/C109=5							
Facility Contact Person/C105=30																								Ownership Code/C102					
Location Address/C110=30																								ST Dist/C115=2					
City/C111=25																		ST/C2=2				Zip/C112=5							
Owner's Name/C1503=40																													
GEN TRN TSD UIC				C1105				C305				Other				Other				Telephone/C113=10									
												C119 = 1 ✓				C =													
Waste Codes to be added/C2701															Waste Codes to be deleted/C2701														
Process Codes- Add - Delete - Change																													
C1801=3			C1802=13												C1803=1			C1804=1											
C1801=3			C1802=13												C1803=1			C1804=1											
C1801=3			C1802=13												C1803=1			C1804=1											
Other Coding as necessary																													

DATA CHANGES

Dresser

OK
MNA 8/3/87

12

EPA IDENTIFICATION NUMBER/C101=12

TWC #/C116=6

PREPARER

DATE

T X D 0 3 0 1 7 1 9 7 9

Facility Name/C104=40

Mailing Address/C106=30

County/C114=3

City/C107=25

ST/C108=2

Zip/C109=5

Facility Contact Person/C105=30

Ownership Code/C102

Location Address/C110=30

ST Dist/C115=2

City/C111=25

ST/C12=2

Zip/C109=5

Owner's Name/C1503=40

GEN TRN TSD UIC

C1105

C305

Other

Other

Telephone/C113=10

\$

6

\$

C 119 = 3

C 203 = 85-08-30

Waste Codes to be added/C2701

Waste Codes to be deleted/C2701

Process Codes- Add - Delete - Change

C1801=3

C1802=13

C1803=1

C1804=1

T 0 3

1

D

B

C1801=3

C1802=13

C1803=1

C1804=1

C1801=3

C1802=13

C1803=1

C1804=1

Other Coding as necessary

Entered by: R.U.

Date Entered: 8.6.87

QC: _____

File Code: II.1.B

why
not
305=5

TX 0030 171979

30929



OILFIELD EQUIPMENT GROUP, DRESSER INDUSTRIES, INC. P.O. BOX 6504, HOUSTON, TEXAS 77005 713 972-6011 TELEX: 76-2576

August 25, 1982

Mr. Minor Brooks Hibbs
Solid Waste Section
Texas Department of Water Resources
P. O. Box 13087
Capitol Station
Austin, Tx. 78711

Dear Mr. Hibbs:

In reference to solid waste permit number 30929 issued to Dresser Industries, Inc., please make the following changes:

Item #004 of "Waste Generated"
004 - Trichloroethane or Tetrachloroethane,
Spent degreasing compound, Waste Code #110200
Annual amount generated - 420 pounds
Disposition - sold for recovery / off

Has

Please note also that the "Person In Charge" should be changed to:

W. R. Dennis
Dresser Industries, Inc.
P. O. Box 24647
Dallas, Tx. 75224
(214) 333-3211

*10/18/82
CONTACT
CHANGED*

Sincerely,

Arlen R. Tidemann

Arlen R. Tidemann
Manager, Safety & Environmental Control

ART:ek1



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

SEP 2 1982

REGION VI
1201 ELM STREET
DALLAS, TEXAS 75270

Mr. Robert P. Palmer
General Attorney
Dresser Industries, Inc.
Executive Offices
Dresser Building
Elm at Akard
Dallas, Texas 75201

Reference: LAD 07 194 0233, LAD 08 702 5870, TXD 98 050 8295, TXD 08 202 0918,
TXD 03 017 1979

Dear Mr. Palmer:

Thank you for your recent submittal of the required documentation to show compliance with the Resource Conservation and Recovery Act (RCRA) financial regulations, 40 CFR 265, Subpart H, as amended on April 7, 1982, 47 FR 16032, and April 16, 1982, 47 FR 16544. The Environmental Protection Agency (EPA) Region VI has authorized the States of Arkansas, Louisiana, Oklahoma, and Texas to operate separate RCRA programs in lieu of the EPA program. Appropriate contacts in these states are:

Ms. Sandra Perry
Arkansas Department of Pollution
Control and Ecology
P. O. Box 9583
Little Rock, Arkansas 72219

Mr. Gerald D. Healy, Jr.
Administrator
Office of Environmental Affairs
Hazardous Waste Division
P. O. Box 44066
Baton Rouge, Louisiana 70804

Mr. Don Hensch
Oklahoma State Department of Health
Hazardous Waste Division
P. O. Box 53551
Oklahoma City, Oklahoma 73152

Mr. Robert Brydson
Texas Department of Water Resources
P. O. Box 13087, Capitol Station
Austin, Texas 78711

Therefore, it is necessary for you to provide documentation directly to each of these states to comply with their laws and regulations.

If you have any questions, please call Henry Onsgard at (214) 767-8941 or me at (214) 767-2645.

Sincerely yours,

Stan Jorgensen

R. Stan Jorgensen, Chief
Hazardous Materials Branch

cc: Arkansas Department of Pollution Control and Ecology
Oklahoma State Department of Health
Louisiana Office of Environmental Affairs
Texas Department of Water Resources

RCRA File

Part / Permit Process --- Internal Checklist

ID Number TXD030171979 Inst Name P+M MANUFACTURING Div.

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm/g Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>MM</u>	___	
3	Form 1 received?	<u>MM</u>	___	
1	Form 3 received?	<u>MM</u>	___	
1 & 3	Postmarked on or before November 19, 1980?	<u>MM</u>	___	
3	Date of operation entered?	<u>MM</u>	___	
3	Date of operation on or before November 19, 1980?	<u>MM</u>	___	
Notif. record	Notifier?	<u>MM</u>	___	
"	Notified on or before August 18, 1980?	<u>MM</u>	___	
1	Form 1, XIII B signed?	<u>MM</u>	___	
3	Form 3, IX B Signed?	<u>MM</u>	___	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: _____)

PHASE TWO

1	Unsure if regulated or non-regulated?	___	<u>GT</u>
3	New facility?	___	<u>GT</u>
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info___?; waste info___; owner___; sigs___.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps___; photos___; drawings___; lat/long___. Other observations and comments:
-------	--

Log out/Log in
on reverse side.

Received Date Stamp
80/11/19
(Stamp forms also)

OUT

IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)	CHARGED TO (PERSON & OFFICE)	DATE CHARGED OUT
A023	KP	7-14-81

OPTIONAL FORM 23
FEB 1962
GSA Circular No. 259

CHARGEOUT RECORD

5023-101

GPO 43-16-50972-1 354-290

DATE CHARGED OUT	CHARGED TO (PERSON & OFFICE)	IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)

OUT

AFFIDAVIT OF EXCLUSION FROM HAZARDOUS WASTE PERMITTING REQUIREMENT

Registration No. 30929
Application No. 10319 ~~TXD 03171479~~
(Dept. Use Only)
Facility Name Security Division, Dresser Industries
County of Dallas, Texas

03 0171979

Gen TSD(1)
date ?

Joe B. Kyle being duly sworn, deposes and says:

I am General Manager of Illinois Avenue Facility,
Title (Owner or Principal Officer) Facility Owner
Security Division, Dresser Industries, 3400 W. Illinois, Dallas, TX 75211
and Address

This affidavit is being executed for the purpose of notifying the Executive Director of the Texas Department of Water Resources that the named facility does not require a hazardous waste permit because:

Check appropriate box(es):

- ☐ No hazardous waste is stored, processed or disposed on-site
- ☒ The facility qualifies for the "Accumulation Time" storage exclusion of Texas Administrative Code, Section 335.69
- ☐ The facility qualifies for the "Small Quantity Generator" exclusion of Texas Administrative Code, Section 335.2(e)
- ☐ The facility qualifies for the "Elementary Neutralization Unit" exclusion of Texas Administrative Code, Section 335.2(f)
- ☐ The facility qualifies for the "Wastewater Treatment Unit" exclusion of Texas Administrative Code, Section 335.2(f)
- ☐ Other (Explain with an attachment and reference TDWR rule)

Joe B. Kyle
Signature

Sworn to before me this
22 day of August, 198 4.

Phyllis Wiginton
Notary Public in and for

Dallas County, Texas

My commission expires 12-27-87

FY 1986 HAZARDOUS WASTE COMPLIANCE MONITORING AND ENFORCEMENT LOG

DP
1-785
17

1. EPA ID: TXD030171929

2. HANDLER NAME: Oresser - Security Div

3. ADDRESS: _____

Contact Person: G H G

5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: 8/10/10

5a. AGENCY RESPONSIBLE FOR

EVALUATION:

Put code in box S

Choose one

E = EPA

S = State

J = Joint

C = Contractor/EPA

O = Other

B = Contractor/State

X = Oversight

TYPE OF EVALUATION COVERED

BY THIS REPORT:

Put code in box

Choose one

I

1 = Evaluation Inspection

2 = Case Development

3 = Record Review

4 = Ground Water Monitoring Evaluation

5 = Follow Up

6 = Other - Citizen Complaint

7 = Other - Part B Call-In

8 = Other - Withdrawal Candidate

9 = Other - Closed Facility

10 = Other - General

7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): 8/10/10

8. AREA AND CLASS OF VIOLATION (Enter 'X' in appropriate box if violations found. Enter '0' if no violations found in Area evaluated. Enter 'Z' to indicate area of interest.)

Class of Violation

Area of Violation

GWM

CL/PC

Fin.Res

Pt. B

Cmpl.Sch

Manifest

Other

I

II

0

0

0

0

ENFORCEMENT ACTIONS:

Class	Area of Violation	Type (use code)	Date Action Taken	Compliance Dates		Penalty		Resp.Ag. (use code)	Resp. Pers (3 initials)
				Scheduled	Actual	Assessed	Collected		

Codes for Types of Enforcement Actions: 03 = Warning Letter
05 = Administrative Order
10 = Informal
(See instructions for additional codes)

11 = Filed Civil Action
12 = Filed Criminal Action
15 = §3008(h) Final Order
14 = Referral to EPA

Codes for Resp. Agency: E = EPA
S = State
X = EPA oversight

9a. STATUS OF HANDLER WITH COMPLIANCE SCHEDULE OF ORDERS: Meeting compliance schedule Yes No Status Date / /

10. Comments: _____

(Limit each comment to 80 characters. Up to 99 comments are possible.)

TEXAS WATER COMMISSION

HAZARDOUS WASTE COMPLIANCE MONITORING AND ENFORCEMENT LOG



GG

K2

☒ NEW
 ☐ UPDATE

TDWR ID: 30929

1. EPA ID: TX0030171979

INDUSTRY: DRESSER

DISTRICT: 04

2. INDUSTRY NAME: Dresser Industries, Inc. Security Division

PHONE: 2141337-3211

3. SITE ADDRESS: 3400 West Illinois/Dallas, TX

ZIP: 75224

COUNTY: Dallas

7. DATE SUBT: 10-15-84

FACILITY: (G, F, T)

4

4. C, F, S:

42

6. TYPE OF EVALUATION: EC

CEI - EV, EC, EP, EB

CME - GW

OTHER - CL, SW, OT, FE

FOLLOW UP - FO

SAMPLE - SA

CASE DEVELOPMENT - CD

(CENTRAL OFFICE USE ONLY)

(S, L)

(1, 2, 3)

DATE OF INITIAL EVALUATION: 10-10-85

RESPONSIBLE AGENCY: S

E v a l		D e g		Date Notice of Violation		Date Conference		Date Refer. to Austin for Enf.		Date High Prior. Determination		Date Response is Due for NOV		Date of Estim. Compliance		Date of Actual Compliance		Resolv/Unres/ Compliant	
GW																			
56	57	58	59	61	68	70	77	79	86	88	95	97	104	106	113	115	122	124	
CL																			
56	57	58	59	61	68	70	77	79	86	88	95	97	104	106	113	115	122	124	
PT																			
56	57	58	59	61	68	70	77	79	86	88	95	97	104	106	113	115	122	124	
MA	X																		
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FI																			
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SC																			
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OT	X																		
56	57	58	59	61	68	70	77	79	86	88	95	97	104	106	113	115	122	124	
COMMENTS: (COUNTY)																			
* 01		057																	
1	3	5	7	9	12	14	16	18	21	23	25	27	30	32	34	36	39	41	43
45	48	50	52	54	57	59	61	63	66	68	70	72	75	77	79	81	84	86	88
90	93	95	97	99	102	104	106												

* 02

WORK NO: 9093

NO. OF SAMPLES: 3

SUBMITTED BY: Gerardo H. Garcia

Risser

NS3-28-86

FACILITY ID: TXD 030171979

NEW ENTRY X
(C2001) HEADER TYPE: C
HEADER PROCESS TYPE: I R/S/C IND: R
(C2003) (C2051)
CHANGE ENTRY -
DELETE ENTRY -
(C2002) HEADER TYPE SEQ NO: 01
DATE COVERAGE EFFECTIVE: -----
(C2004)

(C2052)	APPLICABLE	PROCESS AMOUNT (C2053)	UNITS (C2054)
STORAGE	X	150	G
(S01) CONTAINERS	-	-----	-
(S02) TANKS	-	-----	-
(S03) WASTE PILES	-	-----	-
(S04) SURFACE IMPOUNDMENTS	-	-----	-
DISPOSAL	-	-----	-
(D79) INJECTION WELL	-	-----	-
(D90) LANDFILLS	-	-----	-
(D81) LAND APPLICATION	-	-----	-
(D82) OCEAN	-	-----	-
(D83) SURFACE IMPOUNDMENTS	-	-----	-
TREATMENT	X	22,200	GU
(T01) TANKS	X	-----	I
(T02) SURFACE IMPOUNDMENTS	X	-----	I
(T03) INCINERATORS	-	-----	-
(T04) OTHER	-	-----	-

TWC ID 30929

P - C - L - W TRACKING

Dresser

*105 302846
5.14.86*

P - C - L - W TRACKING

FACILITY ID: TXD 030171979

NEW ENTRY ☒

CHANGE ENTRY -

DELETE ENTRY -

HEADER TYPE: C
ACTION ITEM: 03

HEADER TYPE SEQ NO: 01
TRACKING SEQ NO: 01

RESPONSIBLE AGENCY: S

RESPONSIBLE PERSON: ---

DATE DUE: -----

ACTION DATE: 8/12/10

STATUS CODE: --

FREE FIELD 1: -
FREE FIELD 4: ---

FREE FIELD 2: --
FREE FIELD 5: ---

FREE FIELD 3: ---
FREE FIELD 6: ---

COMMENT TEXT (80 CHARACTERS MAXIMUM) :

PERMIT ACTION LINKED TO -----

PERMIT ACTION LINK CHANGED FROM ----- TO -----

DELETE PERMIT ACTION LINK TO -----

TWC ID 30929

P - C - L - W TRACKING

Dresser

NS 8028-86
5.14.86

P - C - L - W TRACKING

FACILITY ID: TYD 030171979

NEW ENTRY ☒

CHANGE ENTRY -

DELETE ENTRY -

HEADER TYPE: C
ACTION ITEM: 06

HEADER TYPE SEQ NO: 01
TRACKING SEQ NO: 01

RESPONSIBLE AGENCY: S

RESPONSIBLE PERSON: ---

DATE DUE: -----

ACTION DATE: 850118

STATUS CODE: --

FREE FIELD 1: -
FREE FIELD 4: ---

FREE FIELD 2: --
FREE FIELD 5: ---

FREE FIELD 3: ---
FREE FIELD 6: ---

COMMENT TEXT (80 CHARACTERS MAXIMUM) :

PERMIT ACTION LINKED TO -----

PERMIT ACTION LINK CHANGED FROM ----- TO -----

DELETE PERMIT ACTION LINK TO -----

1-2

02/21 14:39

7304324

#02

21

TWC ID 30929

P - C - L - W TRACKING

Dresser

*NS 8028-86
S. 14-86*

P - C - L - W TRACKING

FACILITY ID: TXD 030171979

NEW ENTRY ☒

CHANGE ENTRY -

DELETE ENTRY -

HEADER TYPE: C
ACTION ITEM: I2

HEADER TYPE SEQ NO: 2L
TRACKING SEQ NO: 2L

RESPONSIBLE AGENCY: 5

RESPONSIBLE PERSON: ---

DATE DUE: -----

ACTION DATE: 850219

STATUS CODE: --

FREE FIELD 1: -
FREE FIELD 4: ---

FREE FIELD 2: --
FREE FIELD 5: ---

FREE FIELD 3: ---
FREE FIELD 6: ---

COMMENT TEXT (80 CHARACTERS MAXIMUM) :

PERMIT ACTION LINKED TO -----
PERMIT ACTION LINK CHANGED FROM ----- TO -----
DELETE PERMIT ACTION LINK TO -----

1-2

02/21 14:39

7304324

#02

22

P - C - L - W TRACKING

Dresser

NS ~~3-28-86~~
5-14-86

P - C - L - W TRACKING

FACILITY ID: ~~TXD~~ 030171979

NEW ENTRY ~~X~~

CHANGE ENTRY -

DELETE ENTRY -

HEADER TYPE: C
ACTION ITEM: 12

HEADER TYPE SEQ NO: 01
TRACKING SEQ NO: 01

RESPONSIBLE AGENCY: 5

RESPONSIBLE PERSON: ---

DATE DUE: -----

ACTION DATE: 850830

STATUS CODE: --

FREE FIELD 1: -
FREE FIELD 4: ---

FREE FIELD 2: --
FREE FIELD 5: ---

FREE FIELD 3: ---
FREE FIELD 6: ---

COMMENT TEXT (80 CHARACTERS MAXIMUM) :

PERMIT ACTION LINKED TO -----

PERMIT ACTION LINK CHANGED FROM ----- TO -----

DELETE PERMIT ACTION LINK TO -----

1-2

FACT SHEET

LOCATION: Dallas, Tx

EPA I.D. NUMBER: TXD030171979

A. FACILITY INFORMATION

Short description of facility: Clean-closed 03-30-85

Current status: Operating _____ Closing _____ Post-Closure _____
Not Subject X Waiver _____

B. GROUNDWATER VIOLATION DATA

Date of Groundwater Violation: _____ (Violation on Dingell Sheets)

Description of Violation:

C. ENFORCEMENT ACTIONS

Informal Enforcement Action Taken: Yes (if Yes, describe below) No

Type of Informal Action: _____ Date: _____
Date: _____

Response Due Date: _____ Actual Compliance Date: _____

Number days from inspection finding violation to informal enforcement

Formal Enforcement Due by: _____ (timely and appropriate criteria)

Formal Enforcement Action Taken: Yes (if Yes, describe below) No

Type of Formal Action: _____ Date: _____

Responsible Agency: State EPA

Scheduled Compliance Date: _____ Actual Compliance Date: _____

Number days from inspection finding violation to formal enforcement

Returned to compliance without enforcement: Yes _____ (if Yes, Date: _____)

D. History (October 1, 1984 - January 31, 1986)

Violation: None Date: 10-10-85 CFI

Description of Violation: _____

Informal Enforcement Action Taken: Yes ____ (If Yes, describe below) No ____

Type of Informal Action: _____ Date: _____
_____ Date: _____

Response Due Date: _____ Actual Compliance Date: _____

Number days from inspection finding violation to informal enforcement: _____

Formal Enforcement Due by: _____ (timely and appropriate criteria)

Formal Enforcement Action Taken: Yes ____ (If Yes, describe below) No ____

Type of Formal Action: _____ Date: _____

Responsible Agency: State _____ EPA _____

Scheduled Compliance Date: _____ Actual Compliance Date: _____

Number days from inspection finding violation to formal enforcement: _____

Returned to compliance without enforcement: Yes ____ (if Yes, Date: _____)

Violation: _____ Date: _____

Description of Violation: _____

Informal Enforcement Action Taken: Yes ____ (if Yes, describe below) No ____

Type of Informal Action: _____ Date: _____

Response Due Date: _____ Actual Compliance Date: _____

Scheduled Compliance Date: _____ Actual Compliance Date: _____

Number days from inspection finding violation to informal enforcement: _____

Formal Enforcement Due by: _____ (timely and appropriate criteria)

Formal Enforcement Action Taken: Yes ____ (if Yes, describe below) No ____

Type of Formal Action: _____ Date: _____

Responsible Agency: State _____ EPA _____

Scheduled Compliance Date: _____ Actual Compliance Date: _____

Number days from inspection finding violation to formal enforcement: _____

Returned to compliance without enforcement: Yes ____ (if Yes, Date: _____)

E. Lois of Interim Status (LOIS)

Facility Certified: Groundwater: Yes _____ No _____
Financial: Yes _____ No _____ Not Subject X

Submitted Part B: Yes _____ No _____

Submitted Closure Plan: Yes _____ No _____

EPA LOIS Inspection: Yes _____ (if Yes, Date: _____)
No _____

LOIS Violation Discovered: Yes _____ (If Yes, describe below: _____)

No _____

Enforcement: Yes _____ (if Yes, check reason)

For Groundwater: _____

For Financial: _____

For Closure: _____

Operating In Violation: _____

Date Enforcement Taken by EPA: _____

Anticipated Enforcement to be taken: Yes _____ No _____

ATTACHMENT IIILOSS OF INTERIM STATUS
REGION VI EPA
R06-01-06

1. Reviewer: DGS
2. Facility name: DRESSER INDUSTRIES INC.
3. Address/location: 8400 WEST ILLINOIS
P.O. Box 241047
DALES, TX. 75224
4. EPA I.D. No.: TXD 030171979
5. Type of RCRA units requiring certification:
- | | |
|-----------------|----------|
| A.* <u>NONE</u> | H. _____ |
| B. _____ | I. _____ |
| C. _____ | J. _____ |
| D. _____ | K. _____ |
| E. _____ | L. _____ |
| F. _____ | M. _____ |
| G. _____ | N. _____ |

* see 22

	Yes	No	Not Determined
--	-----	----	----------------

6. Is groundwater certification required? If yes, continue to Question 7. If no, go to Question 22.
7. Is financial assurance certification required? If yes, continue to Question 8. If no, go to Question 22.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No | Not
Determined |
|--|-------------------------------------|--------------------------|--------------------------|
| 8. Was groundwater certification submitted? If yes, continue to Question 9. If no, answer Questions 9, 10, 11, and 12, and go to Question 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Was financial assurance certification submitted? If yes, continue to Question 10. If no, answer Questions 10, 11, and 12 and go to Question 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is signature adequate? If yes, continue to Question 11. If no, answer Questions 11 and 12 and go to Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Documentation available? | | | |
| a. Part A Submittal - Date: <u>8/14/80</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Part B Submittal - Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Topographic Map - _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Section 3007 Response - Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Closure Plan - Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Post-Closure Plan - Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. RCRA Inspection - Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other - _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Certification Date: _____ | | | |
| ii. * _____ Date: _____ | | | |
| iii. _____ Date: _____ | | | |
| iv. _____ Date: _____ | | | |
| v. _____ Date: _____ | | | |
- Signed _____ Received _____

* TWC CORRESPONDENCE FILES
-
- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 12. Do all documents listed in Question 11 agree with the information shown in Question 5? If yes, continue to Question 13. If no, go to Question 22 and check with Project Manager before continuing with questionnaire. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does groundwater certification properly address all units listed in Question 5? If yes, continue to Question 14. If no, go to Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Not
Yes No Determined

14. Does financial assurance certification (insurance and closure/post-closure) properly address all units listed in Question 5? If yes, continue to Question 15. If no, go to Question 22.

☐ ☐ ☐

15. Does insurance address both sudden and non-sudden occurrences? If yes, continue to Question 16. If no, go to Question 22.

☐ ☐ ☐

16. Which of the following options were used to demonstrate financial assurance for closure? Note: check yes for the appropriate method - it is not necessary to check No for those which do not apply.

Closure
Cost

Insurance Available
Part B

- a. Closure trust fund:
- b. Surety bond guaranteeing payment into a closure trust fund:
- c. Surety bond guaranteeing performance:
- d. Closure letter of credit:
- e. Closure insurance:
- f. Financial test/corporate guarantee:
- g. Multiple financial mechanisms:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Which of the following options were used to demonstrate financial assurance for post-closure? Note: Check yes for the appropriate method - it is not necessary to check no for those which do not apply.

POST CLOSURE
Cost

Insurance Available
Part B

- | | Yes | No | Not Determined |
|--|--------------------------|--------------------------|--------------------------|
| a. Post-closure trust fund: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Surety bond guaranteeing payment into a post-closure trust fund: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Surety bond guaranteeing performance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Post-closure letter of credit: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Insurance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Financial test/corporate guarantee: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Multiple financial mechanisms: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. ^{GROUNDWATER} Is certification considered complete? If no, explain in Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is financial assurance considered complete? If no, explain in Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. If the answer to Questions 8, 9, 18, or 19 is no, was a closure plan submitted? If yes, continue to Question 21. If no, go to Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. If the answer to Questions 8, 9, 18, or 19 is no, was a post-closure plan submitted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Briefly discuss the problems or discrepancies identified and determine if they are of a nature which prevents further review. | | | |

5) AFTER CERTIFYING CLOSURE OF A SUB-SURFACE TANK, INCUBATOR, TANK AND 2 DRUM STORAGE AREAS, AN AFFIDAVIT OF EXCLUSION WAS SUBMITTED (90-DAY AND WASTEWATER TREATMENT) AND APPROVED FEB. 1986.



TXD030171979

SECURITY DIVISION, DRESSER INDUSTRIES, INC. P. O. BOX 24647, DALLAS, TEXAS 75224 214/333-3211 TELEX 73-2623

September 13, 1984

File

1-7-85
OF

Minor Brooks Hibbs
Solid Waste Section
Texas Department of Water Resources
P. O. Box 13087
Capitol Station
Austin, Texas 78711

Re: Registration Number 30929

Dear Mr. Hibbs:

Please make the following changes in our existing registration.

- Name change*
1. Change company name from P&M Manufacturing Division, Dresser Industries to Security Division, Dresser Industries. ✓
 2. Change class code on waste number 004 (Trichloroethane or Tetrachloroethane) and waste number 005 (Trichloroethylene solvent) to IH. EPA hazardous waste number is F002. Change disposition to on site/off site. Sold for recovery.
 3. Change disposition on waste number 002 (oil, cutting, water soluble) to on site/off site.

Make the following additions to our wastes generated.

1. Copper cyanide plating wastes.
Description - scrapings from vent over copper cyanide plating tank. Scrapings consist of NaCN, CuCN, and NaOH.
Class - IH
Disposition - on site/off site
2. Waste water treatment sludge.
Description - sludge from a waste treatment system used to treat rinse water from a copper cyanide plating bath.
Class IH EPA hazardous waste number F006.

ADD

STANDARD
JUL 1984
1000 1000
1000 1000
1000 1000

Minor Brooks Hibbs
September 13, 1984
Page 2

Disposition - on site/off site.

3. Copper plating rinse water.

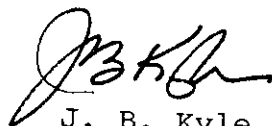
Description - rinse water from a copper pyrophosphate/
cyanide plater.

Class - I

Disposition - on site/off site. Rinse water is treated
and discharged into a POTW. City of Dallas permit
number 096161.

These changes reflect our current waste status. Should future
changes occur you will be notified immediately.

Sincerely,



J. B. Kyle
General Manager

JBK/DD/jm

cc: M. J. Kammerer
S. Seaton
A. Tanner
Arlen Tidemann - Houston



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ TX0030171979

09/08/99

INSTALLATION ADDRESS

SECURITY DBS
PO BOX 210600
DALLAS , TX 752110600
DELAINE FLETCHER HSE MANAGER

3400 W ILLINOIS AVENUE
DALLAS ,TX 752110600

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)AUG 18 1999
Hend 8/4/99

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

TX D030171979

II. Name of Installation (Include company and specific site name)

Security DBS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3400 West Illinois Avenue

Street (Continued)

City or Town

Dallas

State

Zip Code

TX 75211-0600

County Code

County Name

Dallas

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P.O. Box 210600

City or Town

Dallas

State

Zip Code

TX 75211-0600

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

Fletcher

(First)

DeLaine

Job Title

HSE Manager

Phone Number (Area Code and Number)

214-330-2213

VI. Installation Contact Address (See instructions)

A. Contact Address

Location Mailing

☒☐

B. Street or P.O. Box

3400 West Illinois Avenue

City or Town

Dallas

State

Zip Code

TX 75211-0600

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

Halliburton Energy Services

Street, P.O. Box, or Route Number

P.O. Drawer 1431

City or Town

Duncan

State

Zip Code

OK 73536-

Phone Number (Area Code and Number)

580-251-3000

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month Day Year
09 29 98

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D008 D009

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F007	2 F009	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

DeLaine Fletcher

Health, Safety & Environmental Mgr.

7-9-99

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Handwritten circled 'V' with a checkmark.

Handwritten: KP5420
T ON 8/3/4

OMB #: 2000-0424
Expires: December 31, 1982

U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL GENERAL QUESTIONNAIRE

CERTIFIED MAIL # 661252
TXDD030171979 IN TG
C073619

BEVINS ROBERT ✓ MGR SAFETY
DRESSER P&M MANUFACTURING
601 JEFFERSON
HOUSTON

TX ✓ 77002

0	0	0	0	0	1	0	0	0	1
GN	IE	SI	LT	WP	IN	TK	CN	IW	TG

Handwritten: 00
1024

PLEASE RECORD THE FOLLOWING INFORMATION, ONLY IF DIFFERENT FROM LABEL ABOVE.

Name of Facility: DRESSER IND. - P&M Mfg. - ILLINOIS AVE. PLANT

Facility EPA Identification Number: TXID0301719791

Mailing Address: P.O. BOX 24647
STREET OR P.O. BOX

DALLAS TEXAS 75224
CITY STATE ZIP CODE

Handwritten: 00

1. Please record the location of this facility.*

*PLEASE GIVE THE ACTUAL PHYSICAL LOCATION OF THE FACILITY CORRESPONDING TO THE EPA IDENTIFICATION NUMBER ABOVE, RATHER THAN ITS MAILING ADDRESS.

ADDRESS: 3400 W. ILLINOIS AVENUE

CITY: DALLAS COUNTY: DALLAS /68-70

STATE: TEXAS ZIP CODE: 75211 /71-72

Handwritten: 113
48

2. Whom should we contact for follow-up at this facility?

NAME: W. R. DENNIS

TITLE: MAINTENANCE SUPERINTENDENT

PHONE NUMBER: 214 - 1333 - 132111 EXTENSION: 1278
AREA CODE

3. Please indicate the type(s) of hazardous waste activity(ies) in which this installation was engaged during the 1981 calendar year. [CIRCLE ALL CODES THAT APPLY]

- | | | |
|--|-------------------------------------|--------|
| a. Hazardous waste generation. | <input checked="" type="radio"/> 01 | /73-74 |
| b. Hazardous waste treatment | <input checked="" type="radio"/> 02 | /75-76 |
| c. Hazardous waste storage | <input type="radio"/> 03 | /77-78 |
| d. Hazardous waste disposal. | <input checked="" type="radio"/> 04 | /79-80 |
| e. Hazardous waste transportation. | <input type="radio"/> 05 | /81-82 |
| f. Recycling of hazardous waste. | <input type="radio"/> 06 | /83-84 |
| g. None of the above | <input type="radio"/> 07 | /85-86 |

GO ON TO
QUESTION 4

IF CODES "02", "03" AND/OR "04" ARE CIRCLED, PLEASE GO TO QUESTION 4.

IF YOU HAVE NOT CIRCLED CODES "02," "03" OR "04," PLEASE SIGN THE CERTIFICATION STATEMENT ON PAGE 37 AND RETURN THIS QUESTIONNAIRE TO EPA.

4. What was the year in which waste management operations first began at this facility? (That is, in what year was the original construction/development of the waste management operations completed?)

YEAR WASTE MANAGEMENT BEGAN: 1979

/87-90

5. Please give the sizes of each of the following waste management areas at this facility.
[ENTER SIZES AND CIRCLE UNIT CODE BELOW. PLEASE USE THE SAME UNIT OF MEASURE FOR THE
ENTIRE TABLE]

	Size of area	
a. Landfill.	<u>0</u>	/16-23
b. Surface impoundments.	<u>0</u>	/24-31
c. Waste piles	<u>0</u>	/32-39
d. Incinerators.	<u>1134</u>	/40-47
e. Land treatment, application, or farming	<u>0</u>	/48-55
f. Treatment tank areas.	<u>2546</u>	/56-63
g. Container storage areas	<u>0</u>	/64-71
h. Storage tank areas.	<u>0</u>	/72-79
i. Underground injection wells (surface operation area only)	<u>0</u>	/80-87
j. Recycling	<u>0</u>	/88-95
k. Common waste management area.	<u>0</u>	/96-103
l. Other waste management operations	<u>0</u>	/104-111
m. TOTAL WASTE MANAGEMENT AREA AT FACILITY	<u>3682</u>	/112-119
n. TOTAL AREA OF FACILITY.	<u>1,795,276</u>	/120-127

[CIRCLE ONE]:

Square feet. 01
 Square yards 02
 Acres. 03
 Other [SPECIFY]: _____ 04

/128-129

6. Please complete the following table for the employees engaged in the waste management operations at this facility.

103

ON LINE 6a: Enter the usual number of employees from each of the occupation categories who are engaged in the waste management operations.

ON LINE 6b: Enter the average hourly wage of the employees within each occupational category who are engaged in waste management operations. [IF THIS INFORMATION IS NOT AVAILABLE SEPARATELY FOR WASTE MANAGEMENT EMPLOYEES, PLEASE CHECK HERE AND GIVE THE INFORMATION, BY OCCUPATIONAL CATEGORY, FOR THE ENTIRE FACILITY]

2 /16

ON LINES 6c

THROUGH 6n: Indicate the total number of person-hours per week devoted to each of the listed operations by the waste management employees in each of the occupational categories. [FOR EXAMPLE, IF THREE LABORATORY WORKERS USUALLY SPEND TEN HOURS PER WEEK EACH ENGAGED IN ACTIVITIES RELATED TO THE LANDFILL OPERATION AT THIS FACILITY, ENTER "30" ON LINE 6c UNDER THE COLUMN LABELED "LABORATORY AND PROFESSIONALS"]

	Laboratory & professionals	Drivers & equipment operators	All other skilled employees	Non-skilled employees	TOTAL
6a. Number of employees engaged in waste management operations at this facility	1	0	1	0	2
6b. Average hourly wage for waste management employees in each occupational category	\$12.00	++	\$12.00	++	\$24
6c. Total person-hours per week in <u>landfill</u> operations	0	++	0	++	0
6d. Total person-hours per week in <u>surface impoundment</u> operations	0	++	0	++	0
6e. Total person-hours per week in <u>waste piles</u> operations	0	++	0	++	0
6f. Total person-hours per week in <u>incinerator</u> operations	0	++	10	++	10
6g. Total person-hours per week in <u>land treatment</u> (including land application, land farming) operations	0	++	0	++	0

/17-36

/37-56

/57-81

/82-106

104
/16-40

/41-65

/66-90

	Laboratory & professionals	Drivers & equipment operators	All other skilled employees	Non-skilled employees	TOTAL
6h. Total person-hours per week in <u>treatment tank</u> operations	10	+	30	+	40
6i. Total person-hours per week in <u>container storage</u> operations	0	+	0	+	0
6j. Total person-hours per week in <u>storage tank</u> operations	0	+	0	+	0
6k. Total person-hours per week in <u>underground injection well</u> operations	0	+	0	+	0
6l. Total person-hours per week in <u>recycling</u> operations	0	+	0	+	0
6m. Total person-hours per week in <u>other waste management</u> operations	0	+	0	+	0
6n. Total person-hours per week in <u>ALL waste management</u> operations at this facility [TOTAL ON LINE 6n SHOULD EQUAL THE SUM OF LINES 6c THROUGH 6m]:	10	+	40	+	50

/91-115

|05|

/16-40

/41-65

/66-90

/91-115

|06|
/16-40

/41-65

7. In the table below, please list the primary SIC (Standard Industrial Classification) code of this facility, and up to three secondary SIC codes, if more than one code is required to describe this facility. [IF YOU DO NOT KNOW THE SIC CODE(S) FOR THIS FACILITY, PLEASE SELECT THE MOST APPROPRIATE CODE(S) FROM APPENDIX C IN THE GENERAL INSTRUCTIONS]

a. Primary SIC code	<u>3560</u>	/66-69
Secondary SIC codes [PLEASE LIST IN DESCENDING ORDER OF IMPORTANCE]: OILFIELD EQUIP. Mfg.	b. <u>3533</u> c. <u> </u> d. <u> </u>	/70-73 /74-77 /78-81

8. Please specify the ownership status of this facility. That is, is the facility owned by the federal government, a state government, a local government (such as a city, town, county or parish), or is it privately owned? [CIRCLE ONLY ONE CODE]

Solely owned by federal government 01
 Solely owned by state government 02
 Solely owned by local government 03
 Privately owned. 04
 Other [SPECIFY]: _____ 05

/82-83

9. Please specify the status of the operator of this facility. That is, is the facility operated by the federal government, a state government, a local government (such as a city, town, county, or parish), or is it privately operated? [CIRCLE ONLY ONE CODE]

Solely operated by federal government. 01
 Solely operated by state government. 02
 Solely operated by local government. 03
 Privately operated. 04
 Other [SPECIFY]: _____ 05

/84-85

10. What was the total quantity of waste (both hazardous and nonhazardous) that this facility treated, stored or disposed on this site during 1981? [ENTER QUANTITY AND CIRCLE UNIT CODE]

NOTE: WHAT IS DESIRED HERE IS THE QUANTITY OF WASTE THAT "CAME THROUGH THE FRONT DOOR," OR ENTERED THE FACILITY'S TREATMENT, STORAGE, OR DISPOSAL OPERATIONS, IN 1981, COUNTING ONLY ONCE ANY QUANTITIES OF WASTES OR WASTE MIXTURES THAT WERE REPROCESSED THROUGH MULTIPLE TECHNOLOGIES, OR TREATMENT, STORAGE, OR DISPOSAL CHAINS.

QUANTITY OF
WASTE HANDLED: 3,087,000

/86-94

[CIRCLE ONE]:

Metric tonnes. 01

English (or short) tons. 02

Gallons. 03

Other [SPECIFY]: _____ 04

/95-96

11. What was the total quantity of waste (both hazardous and nonhazardous) that this facility could have treated, stored or disposed on site during 1981, if the facility had been operating at full capacity the whole year? [SEE NOTE TO QUESTION 10. ENTER QUANTITY AND CIRCLE UNIT CODE]

QUANTITY THAT COULD
HAVE BEEN HANDLED: 25,651,000

/97-105

[CIRCLE ONE]:

Metric tonnes. 01

English (or short) tons. 02

Gallons. 03

Other [SPECIFY]: _____ 04

/106-107

12. What was the total quantity of hazardous waste that this facility treated, stored or disposed on site during 1981? [SEE NOTE TO QUESTION 10. ENTER QUANTITY AND CIRCLE UNIT CODE]

QUANTITY OF HAZARDOUS
WASTE HANDLED: 2,995,000

/108-116

[CIRCLE ONE]:

Metric tonnes. 01
English (or short) tons. 02
Gallons. (03)
Other [SPECIFY]: _____ 04

/117-118

13. What was the total quantity of hazardous waste that this facility could have treated, stored or disposed on site during 1981, if the facility had been operating at full capacity the whole year? [SEE NOTE TO QUESTION 10. ENTER QUANTITY AND CIRCLE UNIT CODE]

QUANTITY OF HAZARDOUS WASTE THAT COULD
HAVE BEEN HANDLED: 25,315,000

/119-127

[CIRCLE ONE]:

Metric tonnes. 01
English (or short) tons. 02
Gallons. (03)
Other [SPECIFY]: _____ 04

/128-129

14. During 1981, what percentage of the hazardous waste (specified in Question 12) entered into the treatment, storage and/or disposal operation by:

107

	Percent	
a. Containers.	<u>0</u> %	/16-18
b. Tank trucks	<u>0</u> %	/19-21
c. Dump trucks	<u>0</u> %	/22-24
d. Railroad cars	<u>0</u> %	/25-27
e. Pipeline.	<u>0</u> %	/28-30
f. Other [SPECIFY]: <u>RINSE WATER</u>	<u>100</u> %	/31-33

AND CLEANING AND STRIPPING SOLN FROM COPPER PLATING

TOTAL SHOULD EQUAL 100 %

01 /34-35

LINE D: Enter the quantities of hazardous wastes that could have been disposed of, treated, and/or stored, at the facility during 1981, if the facility had been operating at full capacity the whole year. [SEE NOTE BELOW]

NOTE: TOTALS IN LINES A THROUGH D MAY EQUAL OR EXCEED ASSOCIATED TOTAL QUANTITIES PROVIDED IN QUESTIONS 10, 11, 12 AND 13, DUE TO MULTIPLE PROCESSING OF INDIVIDUAL WASTES OR WASTE MIXTURES. WHAT IS DESIRED HERE IS THE TOTAL QUANTITY OF WASTE THAT WAS INPUT, OR COULD BE INPUT, TO EACH PROCESS DURING 1981, REGARDLESS OF WHATEVER OTHER PROCESSES MAY HAVE BEEN APPLIED PREVIOUSLY OR SUBSEQUENTLY TO THE SAME WASTE, OR PORTIONS THEREOF.

	Finally disposed of at facility ¹ <input checked="" type="checkbox"/> Did not dispose in 1981	Treated at facility ² <input type="checkbox"/> Did not treat in 1981	Stored at facility ³ <input checked="" type="checkbox"/> Did not store in 1981	
a. Quantities of <u>wastes</u> that <u>were</u> :	<u>+ + + + +</u>	<u>3,027,000</u>	<u>+ + + + +</u>	121 /36-38
b. Quantities of <u>wastes</u> that <u>could have been</u> :	<u>+ + + + +</u>	<u>25,651,000</u>	<u>+ + + + +</u>	/39-65 /66-92
c. Quantities of <u>hazardous wastes</u> that <u>were</u> :	<u>+ + + + +</u>	<u>2,995,000</u>	<u>+ + + + +</u>	/93-119
d. Quantities of <u>hazardous wastes</u> that <u>could have been</u> :	<u>+ + + + +</u>	<u>25,315,000</u>	<u>+ + + + +</u>	[08] /16-42

143-44

3 Include quantities stored in: containers, tanks, waste piles, storage surface impoundments, other storage processes.

16. In the table below, please indicate which waste processing technologies were operating at this facility during 1981. [CIRCLE ONE CODE FOR EACH TECHNOLOGY]

Circle code 1 if the technology was in existence at the facility during 1981, was operational during 1981, and processed hazardous waste during 1981;

Circle code 2 if the technology was in existence at the facility during 1981, was operational during 1981, but did not process hazardous waste during 1981;

Circle code 3 if the technology was in existence at the facility during 1981, but was not operational during 1981;

Circle code 4 if the technology was under construction at the facility during 1981.

Circle code 5 if the technology was not in existence and not under construction at the facility during 1981.

Waste processing technology	In existence, operational, processed hazardous waste in 1981	In existence, operational, did not process hazardous waste in 1981	In existence, not operational in 1981	Under construction in 1981	Not in existence in 1981	
a. Underground injection well	1	2	3	4	5	/45
b. Landfill	1	2	3	4	5	/46
c. Land application area	1	2	3	4	5	/47
d. Ocean disposal	1	2	3	4	5	/48
e. Disposal surface impoundment	1	2	3	4	5	/49
f. Treatment tanks	1	2	3	4	5	/50
g. Treatment surface impoundment	1	2	3	4	5	/51
h. Incinerator	1	2	3	4	5	/52
i. Storage containers	1	2	3	4	5	/53
j. Storage tanks	1	2	3	4	5	/54
k. Waste piles	1	2	3	4	5	/55
l. Storage surface impoundment	1	2	3	4	5	/56
m. Other [SPECIFY]: _____	1	2	3	4	5	/57

11/58-59

17. Please complete the following table for the ten hazardous wastes handled in largest volume by this facility in 1981. [PLEASE RECORD THE EPA WASTE NUMBERS OF WASTES HANDLED, BEGINNING WITH THE LARGEST VOLUME WASTE, IN THE COLUMNS ACROSS THE TOP OF THE TABLE. A LIST OF EPA WASTE CODES IS INCLUDED IN THE GENERAL INSTRUCTIONS AS APPENDIX A.]

EPA WASTE NUMBER: AND DESCRIPTION OF WASTE:	<u>1010131</u>	<u>1010191</u>	<u>1111111</u>
	<u>RINSE WATER FROM COPPER PLATING</u>	<u>SPENT CLEANING AND STRIPPING BATHS</u>	
17a. What was the total quantity of this waste that was handled by this facility during 1981? [ENTER QUANTITY AND CIRCLE UNIT CODE FOR EACH WASTE]			
QUANTITY HANDLED IN 1981:	<u>2,880,000</u>	<u>115,000</u>	<u>1111111</u>
[CIRCLE ONE]:			
Metric tonnes	01	01	01
English (or short) tons	02	02	02
Gallons	<u>03</u>	<u>03</u>	03
Other [SPECIFY]:	04	04	04
17b. Was this waste stored at this facility? [CIRCLE ONLY ONE CODE]			
Yes [GO TO QUESTION 17c]	1	1	1
No [SKIP TO QUESTION 17e FOR THIS WASTE].	<u>2</u>	<u>2</u>	<u>2</u>
17c. What was the total quantity that entered storage in 1981? [ENTER QUANTITY AND CIRCLE UNIT CODE]			
TOTAL QUANTITY STORED	<u>1111111</u>	<u>1111111</u>	<u>1111111</u>
[CIRCLE ONE]:			
Metric tonnes	01	01	01
English (or short) tons	02	02	02
Gallons	03	03	03
Other [SPECIFY]:	04	04	04

QUESTION 17 IS CONTINUED ON THE NEXT PAGE.

EPA WASTE NUMBER:	101031	1F101091	111111
<p>17d. What was the storage method for this waste? [CIRCLE ONLY ONE CODE. IF MORE THAN ONE METHOD WAS USED FOR A SINGLE WASTE TYPE, CIRCLE CODE "05" AND SPECIFY CODES "01" THROUGH "04," CORRESPONDING TO THE METHODS USED, IN ORDER FROM THE MOST PREVALENTLY USED METHOD TO THE LEAST]</p> <p>Storage in tanks 01</p> <p>Storage in containers. 02</p> <p>Storage in surface impoundments 03</p> <p>Storage in waste piles 04</p> <p>Other [SPECIFY]: 05</p>			
<p>17e. Was this waste treated at this facility? [CIRCLE ONLY ONE CODE]</p> <p>Yes [GO TO QUESTION 17f] 1</p> <p>No [SKIP TO QUESTION 17h FOR THIS WASTE]. 2</p>			
<p>17f. What was the total quantity treated in 1981? [DO NOT "DOUBLE COUNT" AMOUNTS OF A SINGLE WASTE THAT WERE PUT THROUGH MULTIPLE TREATMENT PROCESSES. ENTER QUANTITY AND CIRCLE UNIT CODE]</p> <p>TOTAL QUANTITY TREATED [CIRCLE ONE]:</p> <p>Metric tonnes. 01</p> <p>English (or short) tons. 02</p> <p>Gallons. 03</p> <p>Other [SPECIFY]: 04</p>			

01	01	01	01	01	01	01	/36-55
02	02	02	02	02	02	02	
03	03	03	03	03	03	03	
04	04	04	04	04	04	04	
05	05	05	05	05	05	05	
1	1	1	1	1	1	1	/56-65
2	2	2	2	2	2	2	
							/16-105
01	01	01	01	01	01	01	
02	02	02	02	02	02	02	
03	03	03	03	03	03	03	
04	04	04	04	04	04	04	
							/106-125

QUESTION 17 IS CONTINUED ON THE NEXT PAGE.

EPA WASTE NUMBER:	1010031	F10091	1111
<p>17g. What treatment process was used for this waste? [CIRCLE ONLY ONE CODE. IF MORE THAN ONE METHOD WAS USED FOR A SINGLE WASTE TYPE, CIRCLE CODE "04" AND SPECIFY CODES "01" THROUGH "03," CORRESPONDING TO THE METHODS USED, IN ORDER FROM THE MOST PREVALENTLY USED METHOD TO THE LEAST]</p> <p>Treatment in tank(s)</p> <p>Treatment in surface impoundment(s)</p> <p>Treatment by incineration</p> <p>Other [SPECIFY]:</p>	<p>(01)</p> <p>02</p> <p>03</p> <p>04</p>	<p>(01)</p> <p>02</p> <p>03</p> <p>04</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>+</p>
<p>17h. Was this waste disposed at this facility? [CIRCLE ONLY ONE CODE]</p> <p>Yes [GO TO QUESTION 17i].</p> <p>No [SKIP QUESTIONS 17i AND 17j FOR THIS WASTE]</p>	<p>(1)</p> <p>2</p>	<p>(1)</p> <p>2</p>	<p>1</p> <p>2</p> <p>+</p>
<p>17i. What was the total quantity disposed in 1981? [ENTER QUANTITY AND CIRCLE UNIT CODE]</p> <p>TOTAL QUANTITY DISPOSED:</p> <p>[CIRCLE ONE]:</p> <p>Gallons.</p> <p>English (or short) tons</p> <p>Metric tonnes.</p> <p>Other [SPECIFY]:</p>	<p>2,880,000</p> <p>(01)</p> <p>02</p> <p>03</p> <p>04</p>	<p>115,000</p> <p>(01)</p> <p>02</p> <p>03</p> <p>04</p>	<p>+</p> <p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>+</p>

01	01	01	01	01	01	01
02	02	02	02	02	02	02
03	03	03	03	03	03	03
04	04	04	04	04	04	04
1	1	1	1	1	1	1
2	2	2	2	2	2	2
01	01	01	01	01	01	01
02	02	02	02	02	02	02
03	03	03	03	03	03	03
04	04	04	04	04	04	04

[13]

/16-35

/36-45

[14]

/16-105

/106-125

QUESTION 17 IS CONTINUED ON THE NEXT PAGE.

EPA WASTE NUMBER:		1003	1009	1111
17j. What disposal process was used for this waste? [CIRCLE ONLY ONE CODE. IF MORE THAN ONE METHOD WAS USED FOR A SINGLE WASTE TYPE, CIRCLE CODE "05" AND SPECIFY CODES "01" THROUGH "04," CORRESPONDING TO THE METHODS USED, IN ORDER FROM THE MOST PREVALENTLY USED METHOD TO THE LEAST]				
Disposal in injection wells.		01	01	01
Disposal in landfill . . .		02	02	02
Disposal in surface impoundments		03	03	03
Disposal by land application.		04	04	04
Other [SPECIFY]:		05	05	05
ALKALINE HYPOCHLORITE		METHOD	NEUTRALIZATION	

01	01	01	01	01	01	01
02	02	02	02	02	02	02
03	03	03	03	03	03	03
04	04	04	04	04	04	04
05	05	05	05	05	05	05

151

/16-35

18. During 1981, did this facility receive any hazardous waste for treatment, storage or disposal that was generated off site? [CIRCLE ONLY ONE CODE]

Yes [GO TO QUESTION 19]. 1

No [SKIP TO QUESTION 25]. 2

/36

19. What was the total quantity of hazardous waste received for treatment, storage or disposal by this facility from off-site sources during 1981? [ENTER QUANTITY AND CIRCLE UNIT CODE]

QUANTITY FROM
OFF-SITE SOURCES: _____

/37-45

[CIRCLE ONE]:

Metric tonnes. 01

English (or short) tons. 02

Gallons. 03

Other [SPECIFY]: _____ 04

/46-47

20. What percentage of this quantity of hazardous waste (as specified in Question 19) was received in:

a. Containers. %

/48-50

b. Tank trucks %

/51-53

c. Dump trucks %

/54-56

d. Railroad cars %

/57-59

e. Pipeline. %

/60-62

f. Other [SPECIFY]: _____ %

/63-65

TOTAL SHOULD EQUAL 100 %

/66-67

21. What percentage of this quantity of hazardous waste (as specified in Question 19) came from sources owned by other firms?

PERCENT FROM SOURCES
OWNED BY OTHER FIRMS: _____ %

/68-70

22. What percentage of this quantity of hazardous waste (as specified in Question 19) came from small generators (who are subject to the special provisions under RCRA)?

PERCENT FROM SMALL

GENERATORS: _____ %

/71-73

23. In Column A of the table below, list the SIC codes of the five industries from which this facility received the greatest quantity of hazardous waste for treatment, storage or disposal in 1981. [IF YOU DO NOT KNOW THE SIC CODES OF THESE INDUSTRIES, PLEASE SELECT THE APPROPRIATE CODES FROM APPENDIX C IN THE GENERAL INSTRUCTIONS.]

In Column B, indicate the percent of the total amount of hazardous waste received from off-site sources (specified in Question 19) that was received from each of the five industries.

COLUMN A SIC codes of five largest generators	COLUMN B Percent of total hazardous waste received
a.	_____ %
b.	_____ %
c.	_____ %
d.	_____ %
e.	_____ %

/74-80

/81-87

/88-94

/95-101

/102-108

24. How was the hazardous waste content of waste shipments received by this facility during 1981 determined? Please specify the percentage of shipments for which:

a. Laboratory analyses were performed by this facility %

/109-111

b. Documentation of waste characteristics was provided by the off-site source %

/112-114

c. Documentation of waste characteristics was taken from data on similar wastes %

/115-117

d. Other [SPECIFY]: _____ %

/118-120

/121-122

II. GROUNDWATER MONITORING

161

25. Please indicate whether this facility has ever used or currently uses any of the following methods to prevent contamination of the aquifers or groundwater. For each method used, indicate the year and cost of installation. [CIRCLE ONE CODE FOR EACH METHOD, AND ENTER YEAR AND COST WHERE APPLICABLE]

	Yes	No	Year started	Cost	
a. Slurry wall	1	(2)	1	\$ 1	/16-29
b. Counterpumping.	1	(2)	1	\$ 1	/30-43
c. Other [SPECIFY]: _____	1	(2)	1	\$ 1	/44-57
_____					/58-59

26. Does this facility have groundwater monitoring wells? [CIRCLE ONLY ONE CODE]

Yes [GO ON TO QUESTION 27] 1 /60
 No [SKIP TO QUESTION 29]. (2)

27. How many hydraulically upgradient, and how many hydraulically downgradient wells for groundwater monitoring does this facility have?

a. NUMBER OF UPGRADIENT WELLS. /61-62
 b. NUMBER OF DOWNGRADIENT WELLS. /63-64

28. Please describe up to six of this facility's groundwater monitoring wells, giving the specifications for at least one hydraulically upgradient well, and at least three hydraulically downgradient wells which are used to comply with the groundwater monitoring standards.

	Well 1	Well 2	Well 3	Well 4	Well 5	Well 6
a. Is this an upgradient or downgradient well? [CIRCLE ONLY ONE CODE]						
Upgradient	1	1	1	1	1	1
Downgradient	2	2	2	2	2	2
b. What is the depth of this well in feet?						
DEPTH.	(FEET)	(FEET)	(FEET)	(FEET)	(FEET)	(FEET)
c. What was the approximate cost of installing this well? [INCLUDE LABOR, MATERIALS AND FEES]						
INSTALLATION COST.	\$	\$	\$	\$	\$	\$
d. In what year was this well installed?						
YEAR INSTALLED . . .	(YEAR)	(YEAR)	(YEAR)	(YEAR)	(YEAR)	(YEAR)
e. How frequently are samples from this well drawn and analyzed? [ENTER FREQUENCY AND CIRCLE TIME UNIT CODE]						
FREQUENCY:						
[CIRCLE ONE]:						
Per month.	01	01	01	01	01	01
Per year	02	02	02	02	02	02
Other [SPECIFY]: .	03	03	03	03	03	03

/65-70

/71-94

[17]

/16-69

/70-93

/94-111

/112-123

29. Are there any geologic/hydrogeologic studies of this facility? [CIRCLE ONLY ONE CODE]

Yes 1
No (2)

/124

III. SITE GEOGRAPHY

30. Is this facility located within one mile of a fault that has had displacement within the past 10,000 years (Holocene time)? [CIRCLE ONLY ONE CODE]

Yes [GO ON TO QUESTION 31]. 1
No [SKIP TO QUESTION 37] (2)
Don't know [SKIP TO QUESTION 37]. 8

/125

31. How close is this facility to the fault?

DISTANCE FROM FAULT: _____ feet

/126-129

32. Has this facility experienced any seismic ground motion activity (e.g., subsidence, shaking, displacement) since its construction? [CIRCLE ONLY ONE CODE]

[18]

Yes [GO ON TO QUESTION 33]. 1
 No [SKIP TO QUESTION 37] 2
 Don't know [SKIP TO QUESTION 37]. 8

/16

33. What type of seismic ground motion has this facility experienced? [CIRCLE ONE CODE FOR EACH ITEM]

	<u>Yes</u>	<u>No</u>	
a. Ground failure (liquifaction or slope stability).	1	2	/17
b. Earthquakes (shaking).	1	2	/18
c. Fault displacement	1	2	/19
d. Ground subsidence.	1	2	/20
e. Other [SPECIFY]: _____	1	2	/21

/22-23

34. What was the intensity of the most severe seismic event experienced by this facility as measured by the Richter Magnitude Scale? [CIRCLE ONLY ONE CODE]

Less than 2 on the Richter scale. 01
 From 2 up to 4 on the Richter scale 02
 From 4 up to 6 on the Richter scale 03
 From 6 up to 8 on the Richter scale 04
 8 or greater on the Richter scale 05
 Don't know. 98

/24-25

35. Did any seismic ground motion event ever damage any portion of this facility? [CIRCLE ONLY ONE CODE]

Yes 1
 No. 2

/26

36. Has this facility incorporated any of the following design or locational criteria to mitigate the severity of ground motion induced damages? [CIRCLE ONE CODE FOR EACH ITEM]

	Yes	No	
a. Structural reinforcement	1	2	/27
b. Site analysis (geologic)	1	2	/28
c. Construction materials	1	2	/29
d. Structural design magnitude.	1	2	/30
e. Other [SPECIFY]: _____	1	2	/31
			/32-33

37. Is this facility, or a portion of this facility, located in a floodplain? [CIRCLE ONLY ONE CODE]

Yes [GO ON TO QUESTION 38]. 1
 No [SKIP TO QUESTION 40]. (2) /34
 Don't know [SKIP TO QUESTION 40]. 8

38. Which of the following best describes the floodplain on which this facility is located? [CIRCLE ONLY ONE CODE]

Riverine. 01
 Coastal 02
 Other [SPECIFY]: _____ 03
 # /35-36

39. Which of the following best describes the frequency of flooding of the floodplain on which this facility is located? [CIRCLE ONLY ONE CODE]

Floods annually 01
 Ten year floodplain 02
 Fifty year floodplain 03
 One hundred year floodplain 04
 Five hundred year floodplain. 05
 Other [SPECIFY]: _____ 06
 # /37-38

40. Has this facility ever been flooded? [CIRCLE ONLY ONE CODE]

Yes [GO ON TO QUESTION 41]. 1
 No [SKIP TO QUESTION 43]. (2) /39

41. What was the magnitude of the most severe flood experienced by this facility? [CIRCLE ONLY ONE CODE]

A 50 year flood 01
 A 100 year flood. 02
 A 500 year flood. 03
 Other [SPECIFY]: _____ 04

Don't know. 98 #/40-41

42. Has hazardous waste ever been released from this facility as a result of a flood? [CIRCLE ONLY ONE CODE]

Yes 1
 No. 2 #/42
 Don't know. 8

43. What types of flood protection does this facility currently have in place? [CIRCLE ONE CODE FOR EACH TYPE OF PROTECTION]

IF THIS FACILITY DOES NOT CURRENTLY HAVE FLOOD PROTECTION,
 CHECK HERE ☒ AND SKIP TO QUESTION 45.

/43

	Yes	No	
a. Levee.	1	2	/44
b. Elevation.	1	2	/45
c. Structural reinforcement	1	2	/46
d. Warning system (waste removal prior to flood).	1	2	/47
e. Other [SPECIFY]: _____	1	2	/48

/49-50

44. Why was the flood protection instituted at this installation? [CIRCLE ONE CODE FOR EACH REASON]

	Yes	No	
a. RCRA	1	2	/51
b. Local regulation	1	2	/52
c. State regulation	1	2	/53
d. Insurance requirements	1	2	/54
e. Self-protection.	1	2	/55
f. Other [SPECIFY]: _____	1	2	/56
_____			/57-58

The following questions relate to the quantity of waste which is recycled rather than discarded. This would include wastes which are used or reused, as for raw materials in production processes; or recycled or reclaimed, such as solvent redistillation, scrap metal reclaimed by secondary smelter, or wastes which are blended to make fuels. Beneficial use also includes "wastes used in a manner constituting disposal" such as waste applied directly to the land as dust suppressants or as fertilizers.

45. Did this facility generate or receive any hazardous waste that was used, reused, recycled, or reclaimed (either on site or off site) before 1981? [CIRCLE ONLY ONE CODE]

Yes 1 /59
 No 2

46. Will any hazardous waste generated or received by this facility be used, reused, recycled, or reclaimed (either on site or off site) after 1981? [CIRCLE ONLY ONE CODE]

Yes 1 /60
 No 2

47. Did this facility generate or receive hazardous wastes that were used, reused, recycled, or reclaimed (either on site or off site) during 1981? [CIRCLE ONLY ONE CODE]

Yes [GO ON TO QUESTION 48] 1 /61
 No [SKIP TO QUESTION 52]. 2

48. In the table below, please specify the total quantity of hazardous waste generated or received at this facility that was used, reused, recycled or reclaimed (either on site or off site) during 1981. Of this total, indicate the quantity that was recycled on site at this facility during 1981; the quantity that was shipped off site during 1981 for recycling at a facility owned by this firm; and the quantity that was shipped off site during 1981 for recycling at a facility owned by another firm. [ENTER QUANTITIES AND CIRCLE UNIT CODE. PLEASE USE THE SAME UNIT OF MEASURE THROUGHOUT THE TABLE]

	QUANTITY
a. Total quantity generated or received that was used, reused, recycled, or reclaimed during 1981 [THE TOTAL QUANTITY REPORTED ON THIS LINE SHOULD EQUAL THE SUM OF THE QUANTITIES ON LINES b, c, AND d BELOW].	_____
b. Quantity recycled <u>on site</u> during 1981	_____
c. Quantity shipped off site during 1981 for recycling at a facility owned by <u>this firm</u>	_____
d. Quantity shipped off site during 1981 for recycling at a facility owned by <u>another firm</u>	_____

/62-70

/71-79

/80-88

/89-97

[CIRCLE ONE]:

Metric tonnes. 01

English (or short) tons. 02

Gallons. 03

Other [SPECIFY]: _____ 04

/98-99

49. Please complete the following table for the five principal hazardous wastes generated or received by this facility which were shipped off site in greatest volume for use, reuse, recycling or reclamation during the 1981 calendar year. [REFER TO FACING PAGE FOR INSTRUCTIONS FOR COMPLETING EACH COLUMN OF THE TABLE]

IF THIS FACILITY DID NOT SHIP ANY HAZARDOUS WASTES OFF SITE TO BE USED, REUSED, RECYCLED OR RECLAIMED DURING 1981, CHECK HERE ☐ AND SKIP TO QUESTION 50.

COLUMN A	COLUMN B	COLUMN C
EPA Number <u>AND</u> description of waste shipped off site for use, reuse, recycling, or reclamation	EPA Identification Numbers of three facilities to which waste was sent in greatest volume for use, reuse recycling, or reclamation	Quantity of waste shipped to each facility during 1981*
a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Description: _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____
b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Description: _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____
c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Description: _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____
d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Description: _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____
e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Description: _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____

*[CIRCLE ONE]:

Metric tonnes. 01

English (or short) tons. 02

Gallons. 03

Other [SPECIFY]: _____ 04

COLUMN A: ENTER THE EPA WASTE NUMBERS AND SHORT DESCRIPTIONS OF THE FIVE WASTES, INCLUDING DESCRIPTIONS OF THE PROCESSES THROUGH WHICH EACH WASTE WAS GENERATED. [EPA WASTE CODES ARE LISTED IN APPENDIX A OF THE GENERAL INSTRUCTIONS]

COLUMN B: ENTER THE EPA IDENTIFICATION NUMBERS OF THE THREE FACILITIES TO WHICH EACH WASTE WAS SHIPPED IN GREATEST VOLUME.

COLUMN C: INDICATE THE QUANTITY OF WASTE SHIPPED TO EACH FACILITY AND CIRCLE THE UNIT CODE AT THE BOTTOM OF THE COLUMN. PLEASE USE THE SAME UNIT OF MEASURE FOR ALL WASTES IN THE TABLE.

COLUMN D: CIRCLE THE CODE OR CODES THAT INDICATE HOW EACH WASTE WAS STORED PRIOR TO SHIPMENT OFF SITE FOR USE, REUSE, RECYCLING, OR RECLAMATION.

COLUMN E: FOR EACH FACILITY, INDICATE THE AVERAGE NUMBER OF DAYS EACH WASTE WAS STORED PRIOR TO SHIPMENT OFF SITE FOR USE, REUSE, RECYCLING, OR RECLAMATION.

[19R]

COLUMN D						COLUMN E Average number of days waste was stored prior to shipment off site for use, reuse, recycling, or reclamation.
How was waste stored prior to shipment off site for use, reuse, recycling, or reclamation? [CIRCLE ALL THAT APPLY FOR EACH FACILITY]						
In con- tainers	In above ground tanks	In below ground tanks	In piles	In surface impound- ments	Other [SPECIFY]:	
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days

50. Please complete the following table for the five principal hazardous wastes which this facility used, reused, recycled, or reclaimed, on site in greatest volume during the 1981 calendar year. [REFER TO FACING PAGE FOR INSTRUCTIONS FOR COMPLETING EACH COLUMN OF THE TABLE]

IF THIS FACILITY DID NOT USE, REUSE, RECYCLE, OR RECLAIM ANY HAZARDOUS WASTES ON SITE IN 1981, CHECK HERE ☐ AND SKIP TO QUESTION 52.

/102

/103

COLUMN A EPA Number AND description of waste used, re- used, recycled or reclaimed on site	COLUMN B How was this waste used, reused, recycled or reclaimed? [CIRCLE ALL THAT APPLY]					COLUMN C Quantity of waste used, reused, re- cycled or reclaimed during 1981*
	As feed- stock in manufac- turing process	As fuel or fuel supple- ment	In manner consti- tuting disposal	Reclaimed	Other [SPECIFY]:	
a. [][][][][] Description: _____	01	02	03	04	05 _____ _____ _____	_____ _____ _____
b. [][][][][] Description: _____	01	02	03	04	05 _____ _____ _____	_____ _____ _____
c. [][][][][] Description: _____	01	02	03	04	05 _____ _____ _____	_____ _____ _____
d. [][][][][] Description: _____	01	02	03	04	05 _____ _____ _____	_____ _____ _____
e. [][][][][] Description: _____	01	02	03	04	05 _____ _____ _____	_____ _____ _____

*[CIRCLE ONE]:

Metric tonnes 01

English (or short) tons 02

Gallons 03

Other [SPECIFY]: _____ 04

COLUMN A: ENTER THE EPA WASTE NUMBERS AND SHORT DESCRIPTIONS OF THE WASTE WASTES, INCLUDING THE NAMES OF THE WASTES AND DESCRIPTIONS OF THE PROCESSES THROUGH WHICH EACH WASTE WAS GENERATED. [EPA WASTE CODES ARE LISTED IN APPENDIX A OF THE GENERAL INSTRUCTIONS]

COLUMN B: CIRCLE THE CODE OR CODES THAT DESCRIBE HOW THIS WASTE WAS USED, REUSED, RECYCLED OR RECLAIMED DURING 1981.

COLUMN C: INDICATE THE AVERAGE QUANTITY OF WASTE USED, REUSED, RECYCLED OR RECLAIMED DURING 1981 AND CIRCLE THE UNIT CODE AT THE BOTTOM OF THE TABLE. PLEASE USE THE SAME UNIT OF MEASURE FOR ALL WASTES IN THE TABLE.

COLUMN D: CIRCLE THE CODE OR CODES THAT INDICATE HOW EACH WASTE WAS STORED PRIOR TO USE, REUSE, RECYCLING, OR RECLAMATION.

COLUMN E: FOR EACH FACILITY, INDICATE THE AVERAGE NUMBER OF DAYS EACH WASTE WAS STORED PRIOR TO USE, REUSE, RECYCLING, OR RECLAMATION.

COLUMN D How was waste stored prior to use, reuse, recycling, or reclamation? [CIRCLE ALL THAT APPLY]						COLUMN E Average number of days waste was stored prior to use, reuse, recycling, or reclamation.
In containers	In above ground tanks	In below ground tanks	In piles	In surface impoundments	Other [SPECIFY]:	
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days
01	02	03	04	05	06 _____	_____ Days

[20R]

51. For each waste indicated in Question 50 as being used in a manner constituting disposal ("03" circled in Column B), please describe the specific manner in which the waste was used. [21]

#/16-17

X. FINANCIAL ASSURANCE

52. How will closure and/or post closure costs be covered for this facility? [CIRCLE ONE CODE FOR EACH COVERAGE METHOD]

To ADVISE

COVERAGE BY:	Closure costs only	Post-closure costs only	Both closure and post-closure	Neither closure nor post-closure
a. Trust fund.	1	2	3	4
b. Surety bond	1	2	3	4
c. Letter of credit.	1	2	3	4
d. Financial test.	1	2	3	4
e. Insurance policy.	1	2	3	4
f. Corporate guarantee	1	2	3	4
g. State guarantee	1	2	3	4
h. Federal or state exemption.	1	2	3	4
i. Other [SPECIFY]: _____	1	2	3	4

9/18
/19
/20
/21
/22
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9
#/27-28

53. What are the annual administrative charges for maintaining the financial assurance mechanisms listed in Question 52?

Dollars per year

a. Closure. \$ 9-9 /29-37

b. Post-closure \$ 9-9 /38-46

c. TOTAL ADMINISTRATIVE COSTS. . . \$ 9-9 /47-55

54. Did this facility or the company that owns this facility put up collateral for financial assurance coverage? [CIRCLE ONLY ONE CODE]

Yes [GO ON TO QUESTION 55] 1
No [SKIP TO QUESTION 56]. 2

9/56

55. What is the value of the collateral?

VALUE OF COLLATERAL: \$ 1 /57-65

56. Does this facility have liability insurance for third party damages (i.e., bodily injury and property damage) resulting from sudden or nonsudden releases of hazardous waste? [CIRCLE ONLY ONE CODE]

Yes [GO ON TO QUESTION 57] 1
No [PLEASE SIGN THE CERTIFICATION STATEMENT ON PAGE 37 AND RETURN THIS FORM TO EPA]. 2

9/66

57. In what year did this facility obtain liability insurance for third party damages? [IF MORE THAN ONE POLICY HAS BEEN WRITTEN FOR THIS FACILITY, PLEASE GIVE THE YEAR THE MOST RECENT POLICY WAS OBTAINED]

YEAR LIABILITY INSURANCE OBTAINED: _____ /67-75

58. In order to obtain liability insurance, was it necessary to upgrade this facility, modify current practices at this facility, or have a risk assessment of this facility performed? [CIRCLE ONE CODE FOR EACH ITEM]

	Yes	No	
a. Upgrade facility.	1	2	/76
b. Modify current practices.	1	2	/77
c. Obtain risk assessment.	1	2	/78

59. How many facilities, INCLUDING this facility, does the liability insurance cover?

NUMBER OF FACILITIES COVERED: _____ /79-81

60. In the table below, please indicate the number of policies held, the amount of coverage, the annual cost of the policy, and the amount of the deductible for the liability insurance. [IF MORE THAN ONE POLICY IS HELD, INDICATE THE TOTAL COVERAGE, THE TOTAL COST, AND THE AVERAGE DEDUCTIBLE FOR ALL POLICIES IN EACH CATEGORY OF THE TABLE BELOW]

IF MORE THAN ONE FACILITY IS COVERED BY THE POLICY, CHECK HERE ☐ AND ENTER THE AMOUNT OF COVERAGE, COST AND DEDUCTIBLE FOR ALL FACILITIES COVERED.

/82

[22]

Type of Policy	Number of Policies	Amount of Coverage	Annual Cost of Policy	Amount of of Deductible
a. Sudden				
b. Nonsudden				
c. Combined policy				

/16-44

/45-73

/74-102

61. Does the policy cover accidents resulting from sudden or nonsudden releases of hazardous waste which may have occurred prior to the year in which the policy was obtained? [CIRCLE ONLY ONE CODE]

Yes [GO ON TO QUESTION 62]. 1
No [SKIP TO QUESTION 63] 2

/103

62. For how many years prior to the year the policy was obtained is accident liability insurance provided?

NUMBER OF YEARS PRIOR COVERAGE: _____

/104-105

63. Does the policy cover legal defense costs? [CIRCLE ONLY ONE CODE]

Yes. 1
No 2

/106

PLEASE SIGN THE CERTIFICATION STATEMENT ON PAGE 37 AND RETURN THIS FORM TO EPA IN THE ENVELOPE PROVIDED.

CERTIFICATION STATEMENT

THE OWNER OR THE OPERATOR OF THE FACILITY, OR HIS AUTHORIZED REPRESENTATIVE, MUST SIGN AND DATE THE CERTIFICATION WHERE INDICATED. THE PRINTED OR TYPED NAME OF THE PERSON SIGNING THE CERTIFICATION MUST ALSO BE INCLUDED WHERE INDICATED.

CERTIFICATION:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

W.R. DENNIS

PRINT OR TYPE NAME

W.R. Dennis

SIGNATURE

11/4/82

DATE SIGNED

AFTER COMPLETING THIS QUESTIONNAIRE, RETURN IT TO EPA IN THE ENVELOPE ENCLOSED IN THE QUESTIONNAIRE PACKAGE.

IF THIS FACILITY HAS RECEIVED MORE THAN ONE QUESTIONNAIRE, PLEASE RETURN ALL COMPLETED QUESTIONNAIRES IN THE SAME ENVELOPE.